

MENTAL HEALTH AND WELL-BEING OF REFUGEES TO CANADA:
A BRIGHTER FUTURE

By

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Abstract

In the wake of war, political disturbance, or civil strife, there is little doubt that refugees are exposed to highly traumatic experiences. However, despite these challenges, four out of five refugees never experience long-term mental health or stress effects. Most existing studies have been limited to focusing on negative aspects of refugee mental health. Little research has been conducted on positive aspects of refugee mental health. This research uses the salutogenic model of health developed by Antonovsky to evaluate factors contributing to positive mental health outcomes among refugees to Winnipeg, Canada. Using reflexive sociological interviews with eight refugees to Winnipeg, Manitoba, Canada, I identify and analyze salutary factors associated with positive mental health and psychological well-being of refugees. Five thematic types of generalized resistance resources emerged from the interview accounts as salutary: support from macro and micro levels of interpersonal relationships; religious activities and spiritual beliefs/faith; hope for the future; educational opportunities; and employment prospects. Relevant salutogenic policy suggestions based upon this research may be incorporated into refugee resettlement programs and policies to promote refugee mental health in Winnipeg and also contribute to positive resettlement.

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Plans fail when there is no consultation, but there is accomplishment through many advisers-

Proverbs 15: 22.

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CHAPTER ONE

Introduction

In the wake of war, political disturbance, or civil strife, there is little doubt that refugees are exposed to highly traumatic experiences. Likewise, the refugee experience can be fraught with danger, instability, and health risks (Beiser and Hyman 1997; Khanlou 2009). Refugees and displaced people who experience war and violence often face physical and mental challenges after settling in high-income countries (Carranza 2008; Fazel et al 2005; Nimo 2013). However, despite these challenges, only about one in five refugees experience long-term mental health or stress effects (Beiser and Galdino 1999). This means that, four out of five refugees are doing well.

Most existing studies have been limited to focusing on negative aspects of refugee mental health (Fazel, Wheeler, and Danesh 2005; Porter and Haslam 2005). For instance, Robert and Gilkinson (2012: 23) reported poor mental health in Canadian refugees associated with “prevalence of stress, emotional problems and low income”. However, little research has been conducted on positive aspects of refugee mental health (Rosseau and Mearsham 2007; Marlowe 2009; 2014).

Thus, the purpose of this research is to use a salutogenic model (Antonovsky 1979; 1987; 1996) to evaluate factors contributing to positive mental health outcomes among refugees to Canada. Almedom (2005: 254) purports that it is possible for refugees to “remain unscathed” after experiences of traumatic events. Similarly, Marlowe (2009: 128) observes, “not all refugees who survive harrowing experiences develop psychological problems in the wake of traumatic events”. This research extends current research on refugee mental health by using in-depth interviews with eight refugees to Winnipeg, Manitoba, Canada to identify and analyze the

salutary factors associated with positive mental health and psychological well-being of refugees. The next section considers refugees to Canada as a heterogeneous group with differing cultural orientations, historical backgrounds, and lifestyles that influence their mental health status.

1.1 Status and Demography of Refugees to Canada and Manitoba

Over the years, Canada has received refugees from all over the world to resettle and make a new start in life. The refugee system in Canada was set up in response to the 1951 United Nations Convention regarding the status of refugees (Showler 2009). According to the Convention, a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country” (UNHCR 1951). After World War II, the UN realized the need to develop a formal declaration to protect not just European refugees but all refugees, irrespective of home origin (UNHCR 2003). Based on this realization, the UN stipulated that all signatories of the refugee convention must “agree not to return anyone who arrives at their borders from their country of origin if they will be subjected to persecution” (Showler 2009: 3). In response to the UN’s formal declaration to protect refugees, Canada became one of the countries involved in humanitarian resettlement and the general well-being of refugees.

The determination and acceptance of “who is or is not” a refugee however lies in the power of Canada as a sovereign state (Showler 2009: 3). Thus, the Canadian refugee system was set up to deal with issues concerning refugees. The Canadian refugee system perceives a refugee as “a person in need of protection” before any form of acceptance and protection are bestowed on that individual (Showler 2009: 3). In Canada, there are three general types of refugee

programs implemented to ensure resettlement of refugees. These programs are government – assisted refugee, privately sponsored refugee, and asylum claimant (CIC 2012). Under the Government-Assisted Refugee (GAR) program, refugees are selected from abroad or overseas, mainly from refugee camps and resettled in Canada with a permanent resident status, financial assistance, and other support for a maximum of three years (Showler 2009; CIC 2012). The Privately Sponsored Refugee (PSR) program selects refugees from “abroad by a private sponsor who agrees to provide financial and other support for one year” (CIC 2012). The program for refugee or asylum claimants allows refugees who arrive without being selected to apply for refugee protection from within Canada, or at a port of entry. All refugees to Canada must come from designated or UN declared refugee sending country and comply with Canada’s criteria for refugees before permanent residency status are granted by the Immigration and Refugee Board (IRB) (CIC 2012). This underscores that refugees to Canada are themselves, a diverse group; coming from many different origin countries under a range of experiences.

Refugees first arrived in Canada well before the 1951 United Nations Convention on the status of refugees. In 1776, about 3,000 Black loyalists fled the oppression of the American Revolution and came to Canada for refuge (CIC 2012). Subsequently, many people also fled to Canada before the universal definition of “refugee” by the UN in 1951. Based on 2014 statistics, approximately 23,265 refugees and their families settled in Canada that year. Out of this figure, 3,153 were government assisted refugees, 2,050 were privately sponsored refugees, 5,542 were refugees landed in Canada and 1,824 were refugee dependents (CIC 2013). In 2012, Manitoba settled six per cent of Canada’s government- assisted refugees (327) and 18 per cent of privately sponsored refugees (755), which were well above other provinces (Manitoba Immigration Facts 2012: 3).

Refugee resettlement into designated areas or territories depends on the type of assistance programs available at the time of entry into Canada. Whereas government assisted refugees are subject to settlement in pre-selected geographical locations, privately sponsored refugees are somewhat limited in their geographic locations and refugee or asylum claimants can live anywhere (CIC 2012). Government and private assistance programs provide initial assistance in resettling refugees and ensuring access to social services such as basic health services, and information and orientation into Canadian society (CIC 2014). Table 1 shows the total entries of refugees by province and territory from 2004 to 2014. The number of refugees resettled in Canada has been fluctuating throughout the years, mostly because of international conditions. Based on Table 1, the total refugee population in 2004 was 32,687. Although there was an increase in the refugee population to 35,775 in 2005, the refugee population declined to 32,499 in 2006. This indicates how the refugee population in Canada alternates throughout the years depending on the political situation.

Ontario is the leading province with the highest number of refugee settlements from 2004 to 2014, with Toronto as the urban area housing the highest refugee population (CIC 2014).

Table 1: Canada- Total Entries of Refugees by Province or Territory (2004-2014)

Province	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nova Scotia	199	202	217	180	193	166	218	225	195	202	235
New Brunswick	174	181	178	174	165	132	157	179	155	164	199
Quebec	7,383	7,165	7,104	5,933	4,522	4,057	4,711	5,020	4,591	4,038	4,728
Ontario	18,341	21,892	18,704	15,516	11,858	12,653	13,914	15,921	12,592	12,697	11,468
Manitoba	1,252	1,094	1,238	1,170	972	1,098	1,032	1,303	1,140	1,460	1,495
Saskatchewan	560	614	626	617	552	646	574	547	549	590	660
Alberta	2,210	2,247	2,334	2,216	1,845	2,237	2,205	2,638	2,250	2,750	2,722
British Columbia	2,367	2,159	1,891	1,883	1,533	1,634	1,667	1,810	1,438	1,752	1,528
Territories*	5	4	3	9	6	2	2	4	6	11	6
Other Atlantic Provinces **	196	217	204	256	208	224	216	225	153	165	224
Total	32,687	35,775	32,499	27,954	21,854	22,849	24,696	27,872	23,069	23,829	23,265

*Yukon, Northwest Territories, Nunavut

** Newfoundland and Labrador and Prince Edward Island

Source: CIC- Facts and Figures 2014- Immigration Overview: Permanent Residents

Quebec follows as the second province with the highest refugee population, while Alberta comes as the third province. British Columbia follows as the fourth province with the highest refugee population. Manitoba follows as the fifth province with the highest refugee population and the total numbers of refugees have been increasing over the past decade (CIC 2014). In response to the increase of refugees to Manitoba, social and financial services are made available to refugees, especially health services (Bowen et al 2010). It is important to take into account the home origin and background of refugees to determine the types of resettlement services that must be readily

Table 2: Canada- Top 20 Source Countries of Refugees to Canada (2002-2011)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Iraq	929	613	834	715	498	1,057	2,038	3,996	3,976	4,182
Haiti	110	111	112	237	230	252	198	293	1,160	1,914
Colombia	1,730	2,688	2,818	4,519	4,464	3,086	2,569	1,811	1,964	1,759
Afghanistan	2,757	2,748	2,239	2,645	2,196	1,967	1,394	1,080	1,235	1,426
China	1,249	2,022	2,538	2,381	1,786	1,573	1,039	865	968	1,294
United States	33	45	132	772	1,246	831	482	537	1,190	1,280
Somalia	508	697	1,084	856	788	848	633	902	1,061	1,118
Ethiopia	507	838	878	990	1,224	920	947	724	850	1,114
Eritrea	73	126	253	319	417	350	411	611	672	809
Sri Lanka	2,205	1,787	2,077	2,245	1,331	1,075	1,303	1,325	1,120	761
Iran	1,387	1,025	1,016	681	797	663	478	329	468	669
Nigeria	183	191	298	551	558	416	289	297	436	660
Syria	126	63	117	115	103	116	118	152	235	625
Congo, D.R.	823	891	1,118	1,036	975	982	828	940	645	613
Mexico	190	185	379	767	799	996	622	505	548	593
Pakistan	2,106	1,793	2,869	2,423	2,241	1,372	691	531	424	558
India	1,196	918	1,180	935	1,007	868	422	454	602	425
Burundi	312	335	476	501	332	406	317	386	296	312
Nepal	91	169	246	197	261	247	245	186	265	308
Rwanda	168	217	216	196	234	248	226	246	246	289
Other Countries	8,430	8,521	11,807	12,695	11,012	9,681	6,608	6,680	6,336	7,163
Total	25,113	25,983	32,687	35,775	32,499	27,954	21,854	22,849	24,696	27,872

Source: Citizenship and Immigration Canada, Facts and Figures 2011

provided. Such service provisions facilitate the adaptation process into Canadian society and contribute to the overall health and well-being of refugees.

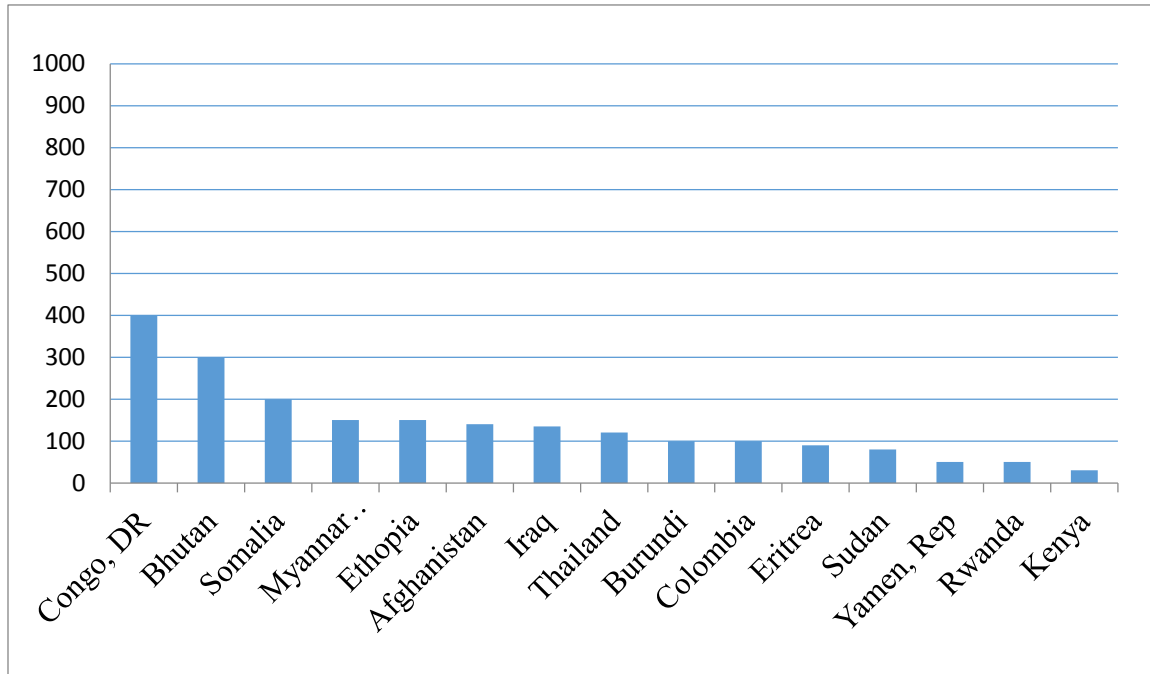
The source countries of refugees to Canada have varied throughout the years. Table 2 shows the top 20 source countries of refugees to Canada from 2002 to 2011. The population of Afghan refugees to Canada from 2002 to 2011 indicates high numbers with a record of 2,757 and 2,748 Afghan refugees in 2002 and 2003 respectively, as the country with the highest refugee population. The consistent number of Afghan refugees resettled in Canada was as a result of the fall of the Taliban regime in late 2001 which displaced more than 3.3 million Afghans to Iran and other refugee camps in Pakistan (Redden 2004). In 2004, Canada recorded 2,869 refugees from Pakistan as the source country with the highest refugee population, followed by Colombia, China, and Afghanistan. From 2005 to 2008, Colombia was the source country with the highest refugee population. Resettlement of refugees from Colombia to Canada was directly related to the armed conflict within the country which forcibly displaced more than 3 million Colombians to other countries (Alcalá et al 2008). Notably, Canada is ranked second as the country with the highest Colombian refugee population since 2002 (Alcalá et al 2008). From 2009 to 2011, Iraq was the source country with the highest number of refugees. This significant rise is as a result of a 2009 commitment to resettle 20,000 Iraqi refugees by the Canadian government due to prevalent wars and Islamic extremists in the region (Chase 2015). This reflects how the source countries of refugees to Canada fluctuate based on the varying geopolitical conditions and commitments by the Canadian government to resettle refugees to Canada.

Manitoba utilizes the government assisted and privately sponsored programmes to resettle refugees in various cities within the province. Graph 1 shows entries of refugees by top source countries from 2007 to 2011 through the Government Assisted Refugee programme.

About 50 per cent of government-assisted refugees came to Manitoba from the Democratic Republic of Congo, Bhutan, Somalia, Burma, Ethiopia, Afghanistan, and Iraq.

Graph 2 shows entries of refugees by top source countries from 2007 to 2011 through the Privately Sponsored Refugee programme. About 81 per cent of privately sponsored

Graph 1 Manitoba: Government Assisted Refugees (2007-2011) Top Source Countries



Source: Manitoba Immigration and Multiculturalism

refugees came from Ethiopia, Eritrea, Sudan, and Somalia (Manitoba Immigration Facts 2012:

3). In 2011, Manitoba settled 444 government assisted refugees and 795 privately sponsored

refugees (Manitoba Immigration Facts 2012). The gradual increase in refugees to Manitoba is

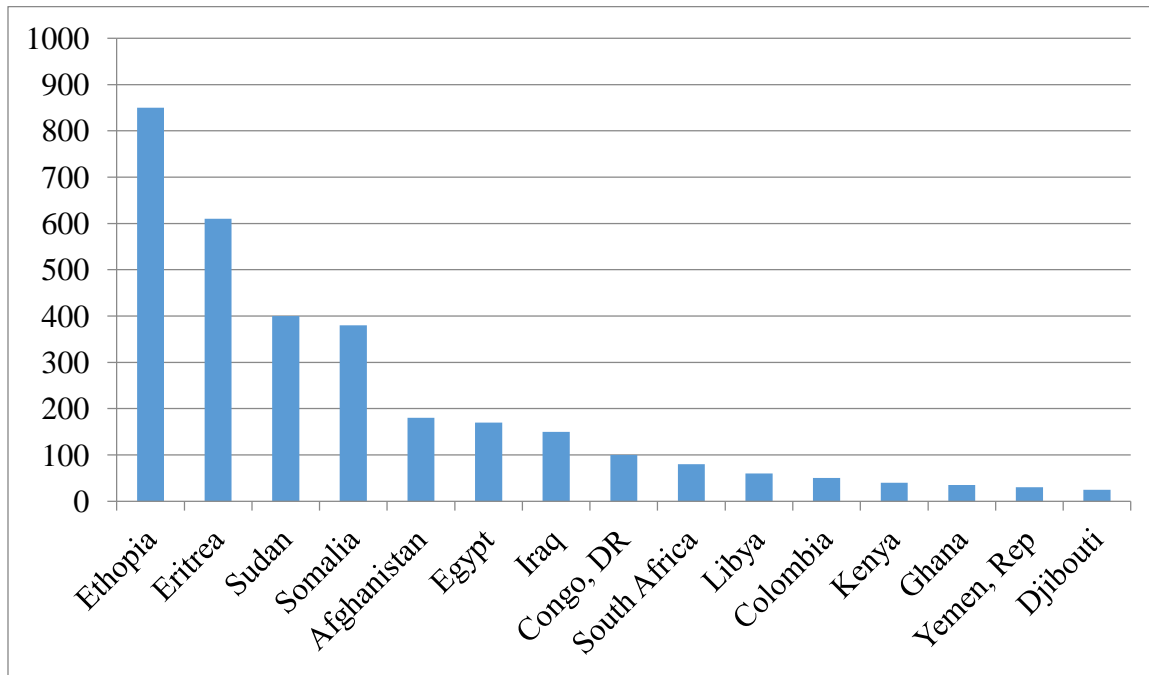
reflected by a number of organizations, such as Immigrant and Refugee Community

Organization of Manitoba (IRCOM), Newcomer Employment Education Development Services

(NEEDS), and Hospitality House Refugee Ministry, who have worked over the years to resettle

refugees to Manitoba.

Graph 2 Manitoba: Privately Sponsored Refugees (2007-2011) Top Source Countries



Source: Manitoba Immigration and Multiculturalism

The refugee population in Canada requires supportive resettlement policies and planning based on their age and sex structure in order to develop effective progressive policies to enhance resettlement experiences of all refugees to Canada. Statistics from 2003 to 2012 show the age of refugees' highest concentration ranging 15 to 44 years whereas ages 0 to 14 years and 45 years and above show a lesser population concentration (CIC 2012). From 2009 to 2011, Manitoba settled 865 government assisted refugees and 884 privately sponsored refugees less than 25 years of age (Manitoba Immigration and Multiculturalism 2012).

The sex structure of the refugee population has more males than females throughout 2004 to 2013. As depicted in Table 3, the refugee population of males in 2004 were 16,972 whereas females were 15,714 and in 2013, the refugee population were made up of 12,124 males and 11,925 females (CIC 2013). In 2012, there were 11,554 female refugees and 11,545 male

Table 3: Canada –Total Number of Male and Female Refugees to Canada (2004-2014)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male	16,972	18,556	16,685	14,286	11,002	11,595	12,606	13,967	11,536	12,046	11,793
Female	15,714	17,218	15,814	13,668	10,857	11,254	12,091	13,906	11,543	11,785	11,493
Total	32,687	35,775	32,499	27,954	21,854	22,849	24,696	27,872	23,069	23,829	23,265

Source: CIC 2014- Immigration Overview: Permanent Residents

refugees. In Manitoba, in 2011, 51 per cent of government assisted refugees were women and 47 per cent of these refugees were under 19 years. Likewise, 40 per cent of privately sponsored refugees were women and 25 per cent of these refugees were under 19 years (Manitoba Immigration and Multiculturalism 2012).

In summary, refugees to Canada are a diverse group with different cultural values and beliefs, historical backgrounds, aspirations, and needs. These people require various social services such as health, education, employment, recreational, and financial services during resettlement in host countries.

The next chapter reviews relevant literature on refugees' mental health and provides a discussion of the salutogenic model with an emphasis on its application to refugees' mental health and resettlement. The third chapter discusses the methodological features of reflexive sociological interviewing (Bourdieu and Wacquant 1992; Fries 2009; 2013; 2014)), which informs this thesis research. The fourth chapter presents the research findings obtained from reflexive sociological interviews with eight refugees to Winnipeg. Finally, Chapter 5 summarizes

these findings, highlighting relevant contributions to refugee health research and commenting on resettlement health policies in light of these findings, and concludes by outlining the limitations of this study.

CHAPTER TWO

Literature Review and Theoretical Orientation

2.1 Mental Health and Well-being of Refugees to Canada

2.1.1 Mental Health Status of Refugees

The WHO (2014) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. The meaning of the WHO’s definition is when a person comes to understand his or her purpose in life and how that purpose can be achieved to benefit everyone. According to Cameron (1967: 49), a mentally healthy person is

“capable of giving realistic trust to others, possesses a well-developed personal and social conscience, respects himself and others more for what they are than what they do, takes pleasure in achieving, is able to form warm and lasting friendships, enjoys creative endeavor for the sake of that which is created, and subscribes to those human and spiritual values that give positive meaning to life”.

Unfortunately, not everyone is able to realize any or all of these ideals due to personal shortcomings and/or circumstances beyond control and this often adversely affects mental health and well-being.

Refugees’ experiences of harrowing events in wars, refugee camps, and stressful conditions in host countries may affect their mental health and psychological well-being (Beiser and Hyman 1997; Khanlou 2009). A number of Canadian studies have analysed the mental health of refugees, comparing this to other immigrants and Canadian born. This was done to learn more about the mental health status, forms of mental health problems, and mental health services and social supports available for refugees (Zhao, Xue, and Gilkinson 2010; Robert and Gilkinson 2012).

In determining the health status of immigrants and refugees to Canada, the self-reported approach is mainly used alongside traditional, pathogenic measures of mortality and morbidity (Newbold 2009; Bowen et al 2010; Robert and Gilkinson 2012). Generally, there is a strong belief that immigrants to Canada are healthier upon arrival than the general Canadian population but with time, immigrant health declines and converges with the Canadian population (Ng et al. 2005; Segall and Fries 2011). However, this “healthy immigrant effect” does not apply to refugees’ because their health status is usually poorer than other immigrants upon arrival to Canada (Bowen et al 2010). The cause of refugee poorer health status is speculated to be as a result of traumatic events of pre-migration, malnutrition, and infectious diseases (Kinnon 1999). Importantly, refugees’ mental health has been shown to deteriorate when they encounter delays with permanent residency status and access to care, insecurity, and family separation (ter Kuile et al 2007; Simich et al 2009).

In a study conducted by Newbold (2009) based on an analysis of Statistics Canada’s *Longitudinal Survey of Immigrants to Canada* (LSIC), the mental health status of immigrant subgroups (economic immigrants, family class arrivals, and refugees) was compared and changes that occurred after arriving in Canada were documented. The mental health of immigrants were measured based on the self-assessed health status approach, whereby individuals were asked to rate their health as excellent, very good, good, fair, or poor. The study evaluated immigrants mental health over three waves: Wave 1 (six months since arrival), Wave 2 (two years since arrival), and Wave 3 (four years since arrival). Table 4 shows mental health problems reported by immigrants in each wave. With respect to Wave 1, the period between arrival and six months in Canada, a relatively small portion of immigrants reported mental health problems but refugees had the highest reported incidence (8.2 per cent). Within the time period

of six months and two years (Wave 2), rates of reported mental health problems among immigrants more than quadrupled from 5.1 per cent to 29.8 per cent. In Wave 2, refugees reported the highest mental health problems (34.7 per cent), followed by economic immigrants (31.2 per cent), and family arrivals (25.4 per cent). In Wave 3, there was a slight reduction in immigrants' mental health problems from 29.8 per cent to 28.5 per cent. In all three waves, refugees reported the highest mental health problems, whereas family class arrivals reported the lowest incidence. Importantly, refugee self-reported mental health problems increased during all three waves of Newbold's study.

The study indicates that immigrants' mental health rapidly deteriorates within a short period of time upon arrival in Canada and this is especially true for refugees (Newbold 2009). Also, the results suggest that economic immigrants have better mental health prior to arrival in Canada (Newbold 2009). The family class also reported less mental health problems due to the presence of family members available for emotional support and other existing social support networks upon arrival in Canada (Newbold 2009). However, refugees' mental health declines due to pre-migration problems such as war, persecution, loss of family, and post-migration stressors such as poverty, language barriers, and unemployment (Beiser and Hyman 1997; Khanlou 2009; Newbold 2009; Bowen et al 2010; Robert and Gilkinson 2012).

Table 4: Presence of Mental Health Problems (%) by Immigrant Group And Wave.

	Family	Economic	Refugee	Total
Mental health problems				
Wave 1: Since arriving?	3.3	5.5	8.2	5.1
Wave 2: Since last interview?	25.4	31.2	34.7	29.8
Wave 3: In past year?	26.3	28.7	37.1	28.5

Source: Newbold 2009.

Another longitudinal study of health and well-being conducted on newcomer families and their children in the Prairie region assessed the emotional and mental health of children and

adolescents between the ages of four and six years and 11 and 13 years respectively, who have been in Canada for a maximum of ten years (Wilkinson et al 2010). The newcomer families and their children were interviewed twice over an eight year period and the study took place in six Canadian cities: Winnipeg, Vancouver, Montreal, Calgary, Toronto, and Edmonton. The total sample size of the participants was 894 and their countries of origin were People's Republic of China, Philippines, Hong Kong, Vietnam, Nicaragua, Colombia, Guatemala, Iran, Iraq, and Turkey. The study findings were based on the parents' assessment of their children's mental health and behaviour (Wilkinson et al 2010). Importantly, Canadian researchers mostly refer to newcomers as "both immigrants and refugees" within a period of ten years or less (Bowen et al 2010: 14).

The predominantly pathogenic indicators used to assess the children's mental health were: Attention Deficit and Hyperactivity Disorder (ADHD); prosocial behaviour; and aggressive behaviour (Wilkinson et al 2010: 17-19). In terms of ADHD, results indicated that children in Winnipeg were found to be more hyperactive and suffered from more inattention disorders than children in the other cities. Male children were seen to be more hyperactive and inattentive than female children (Wilkinson et al 2010: 18). Also, lower rates of mental health problems among Asians were indicated with low hyperactivity and inattention disorders among Mainland Chinese, Vietnamese, and Hong Kong Chinese newcomers. In all, the findings indicated that ADHD declined as the length of stay in Canada increased (Wilkinson et al 2010: 18).

In the case of the positive mental health indicator of prosocial behaviour (attitudes that lead to positive consequences), children from Edmonton were found to be more prosocial than children in the other cities (Wilkinson et al 2010: 19). The older children were found to be more

prosocial than younger children and females were found to be more prosocial than males.

Interestingly, the study discovered that newcomer children with two foreign-born parents were more prosocial than those with one foreign-born parent (Wilkinson et al 2010: 19). Overall, the results indicated that children who have not stayed in Canada for long exhibit higher prosocial behaviour than children who have stayed in Canada for longer periods of time (Wilkinson et al 2010).

Finally, with respect to aggressive behaviour, reports of physical and indirect aggression were used to determine the emotional health of newcomer children. Findings indicated that newcomer children from Winnipeg were more physically aggressive than children in the other cities (Wilkinson et al 2010: 19). Also, male children were more physically aggressive than female children and younger children were more physically aggressive than older children. The research indicated that more aggressive behaviour was found in children who had recently settled in Canada than children with a longer stay (Wilkinson et al 2010). In the case of indirect aggression, results indicated low indirect aggression in all the newcomer children (Wilkinson et al 2010: 20). Overall, newcomer children with a longer stay in Canada had similar healthy mental attitudes as compared to Canadian born children; even the ones who experienced traumatic stressors (Wilkinson et al 2010).

In summary, the results of these predominantly pathogenic studies show somewhat divergent views on refugee mental health in Canada. The findings of Newbold (2009) indicate the poor mental health of refugees for the first four years of arriving in Canada as compared to other immigrants and the general Canadian population. However, Wilkinson et al (2010) report a gradual improvement in the mental health of newcomers as time elapses in Canada. Importantly, newcomers to Canada usually have a healthier mental attitude than most Canadian born

(Wilkinson et al 2010).

A major mental health problem among some refugees is Post Traumatic Stress Disorder (PTSD). The symptoms of PTSD appear in various forms such as

“reliving the trauma through intrusive distressing memories, nightmares, flashbacks or hallucinations; a heightened level of arousal that causes insomnia, irritability, angry outbursts and exaggerated startle responses; and persistent avoidance of stimuli associated with the trauma, a numbing of general responses and estrangement from others, and a sense of a foreshortened future (for example, not expecting to have a family or a normal life span)” (American Psychiatric Association 2013: 56).

These symptoms are often seen in refugees suffering from PTSD (American Psychiatric Association 2013).

A Canadian study of asylum seekers in Montreal was conducted to find out prevalence of pathologies and also identify risk factors among this group (Quimet et al 2008). Among other findings, the study found that approximately 60 per cent of asylum seekers were diagnosed with psychiatric disorder; mainly PTSD and depression (Quimet et al 2008). In another study, immigrants and refugee women in Saskatchewan were interviewed about their personal experiences of dealing with PTSD, its effect on their physical and mental health, and their experiences of accessing mental health services and the barriers they encounter (White et al 2001). The results indicated that newcomer women were often aware of the causes of their PTSD (pre and post migration problems) and they adapted necessary healing and coping mechanisms to ensure healthy mental lives (White et al 2001).

Depression may also be experienced by refugees who have suffered traumatic events as a result of war, persecution, rape, family separation, or challenges in host countries (Beiser and Hyman 1997). A person suffering from depression might exhibit symptoms such as

“dispirited mood; taking a diminished interest or pleasure in activities; appetite disturbance resulting in weight change; insomnia or hypersomnia; unusually agitated or unusually slow to action; sense of fatigue and lack of energy; feelings of guilt and

personal worthlessness; difficulties in concentrating and remembering and; excessively thinking of death and dying (visualizing suicide and attempting it)” (American Psychiatric Association 1994: 327).

In a systematic review and meta-analysis by Kirmayer et al (2011), refugees had poor mental health prior to arrival in Canada and a further decline in mental health; unlike immigrants who had good health but experience a decline in mental health after settling in Canada. Kirmayer et al (2011: 961) note that, “refugees are at substantially higher risk than the general population for a variety of specific psychiatric disorders- related to their exposure to war, violence, torture, forced migration and exile and to the uncertainty of their status in the countries where they seek asylum - with up to ten times the rate of post-traumatic stress disorder as well as elevated rates of depression, chronic pain and other somatic complaints”. Overall, based on the analysis of Kirmayer et al (2011), refugees typically experience pre-migration and post-migration traumatic stressors yet, their mental health can improve with time through personal coping mechanisms, help from family and friends, and availability of health services.

Pre-migration and post-migration experiences refugees encounter can also lead to physical and mental health problems such as bodily injuries, malnutrition, anxiety, depression, and post-traumatic stress disorders (Ng et al 2005; Newbold 2009; Bowen et al 2010). Interestingly, mental health problems among refugees are speculated to differ with gender, age and the nature and severity of the traumatic events (Lucey et al 2000; Carranza 2008; Wilkinson et al 2010; Robert and Gilkinson 2012; Nimo 2013). It must be emphasized however, that not all refugees experience pre-migration and post-migration traumatic stressors as widely depicted in the research literature and that some refugees suffering from mental health problems are coping well with the help of family and social support networks (Marlowe 2009; Wilkinson et al 2010; Fazel et al 2012). It is important to highlight that most existing studies of refugee mental health

adopt a pathogenic orientation, relying upon negative indicators of mental health and studying mental disorder.

2.1.2 Mental Health Services

According to Bowen (2001: 31), “one of the greatest areas of need is for mental health services, particularly for refugees”. Ensuring positive long term outcomes in response to the challenges facing the mental health and well-being of refugees require the provision of a stable environment that can facilitate “normal life” (Allotey 2004). In a report on the health of immigrants and refugees in the Winnipeg Health Region (WHR), Bowen et al (2010: 3) attempt to identify “community health assets and issues to assist in setting health objectives”. The likelihood of accessing mental health services by refugees is high because they might have experienced physical and /or sexual abuse, stress of war, loss of a family member, and stress of living in host countries (Beiser and Hyman 1997; Allotey 2004). There are available mental health services (institutional and community services) for refugees to access in Canada (Yu et al 2007; Vasilevska 2010).

Refugees in Canada are entitled to receive health-care coverage and supplemental health-care benefits if they qualify under the Resettlement Assistance Program (RAP) or Temporary Resident Permit (TRP) from the Federal Government (CIC 2014). The health-care coverage includes hospital services, services of doctors, nurses and other health care professionals licensed in Canada, laboratory, diagnostic, and ambulance services (CIC 2014). These services are provided temporarily until refugees qualify to receive normal provincial or territorial health insurance (CIC 2014), which are typically much more limited in scope. The supplemental health-care benefits afforded to refugees include prescribed medications and other pharmacy products, limited dental and vision care, prosthetics and devices to assist mobility, home care and long-

term care, psychological counselling provided by a registered clinical psychologist, and post-arrival health assessments. At the community level, Manitoba has nongovernmental organisations such as Mount Carmel Clinic, providing counseling services for refugees with mental health problems (MCC Foundation 2014).

According to Bowen et al (2010: 4), “there is growing evidence that some populations do not experience equitable access or treatment either from publicly insured services (as specified in the principles of the *Canada Health Act*, 1985) or extended health services. Some newcomer populations to Canada are among those underserved populations”. Following a series of refugee health care cuts by the Canadian government under Stephen Harper, a ruling by the Federal Court in November 2014 demanded a re-instatement of all refugee health care benefits since such actions placed the lives of refugees at risk (Butler 2014). However, the Federal government temporarily restored some aspects of the health care benefits to include only children and pregnant women. The outcome of this decision has created a lot of confusion as to who qualifies to receive the health care benefits or not and refugee claimants awaiting permanent residence undergo stress as a result of these inconsistencies (Levitz 2015). This is the current fate of refugees in Canada and the possibility of this action by the Federal government affecting the physical and mental well-being of refugees is likely. Since Canada is globally recognized for its humanitarian and resettlement services for all people, refugee mental health and well-being must be Canada’s main concern.

Other problems refugees and health providers experience are cultural and linguistic barriers, management issues with funding care, and limited social and government support for mental health services (Scheppers et al 2006; Bowen et al 2010; Vasilevska 2010; Mckeary and Newbold 2010). In terms of cultural and linguistic barriers to mental health care, it is estimated

that about 27.5 per cent of Canadian immigrants in 2012 neither spoke English nor French, and the 56 per cent who had knowledge of English must be interpreted with caution since such reports are self-reported (Bowen et al 2010; CIC 2013). This can make access to mental health services problematic for refugees and service providers, and also lead to poor health outcomes for refugees (Mckeary and Newbold 2010). As a result, “immigrants and refugees are less likely to have access to health providers from their community of origin, and settlement and interpretation services may be more limited” (Bowen et al 2010: 3). In response to this problem, the Winnipeg Health Regional Authority (WHRA) has developed language access services to communicate with refugees in their language (Bowen et al 2010). Again, health providers deal with challenges such as, “issues of programme funding, resource shortages, relationship building, providing appropriate cultural interpretation, and becoming skilled in culturally competent health care delivery” (Mckeary and Newbold 2010: 4). There is an ongoing challenge in ensuring government and non-government funding are available for providing services to refugees as well as maintaining a client-provider trust relationship based on socio-cultural elements (i.e., delivery of health services which is geared towards maximizing clients cultural attitudes, beliefs, and behaviours to ensure quality and non-discriminatory health care services) (Mckeary and Newbold 2010). It is prudent to take Vasilevska’s (2010) following advice regarding refugee mental health and services into consideration in order to come up with the most beneficial ways and policies to ensure positive mental health and psychological well-being for refugees in Canada.

According to Vasilevska (2010), understanding refugee mental health needs and services require examination of how refugees perceive the mental health services available and how health workers provide such services. However, there are several problems that limit the

utilisation of mental health services in Canada by some refugees and immigrants (Gagnon et al 2004; Scheppers et al 2006; Weine et al 2008; Vasilevska 2010). One of the problems is how Canadian health care is structured along Western biomedicalized lines without sufficient attention to ethnocultural elements of immigrants and refugees (Vasilevska 2010). Not all refugees are familiar with standard medicalized approaches to healing (Scheppers et al 2006). Simich et al (2010) emphasize the inadequacy in psychiatric care of standard biomedical models of care in relation to refugee mental health and propose the need for social care.

Emphatically, standard medicalized approaches applied to refugee mental health raise questions about its appropriateness to help refugees manage and cope with suffering or traumatic experiences (Summerfield 1999; 2000; Allotey 2004; Vasilevska 2010; Karachiwalla 2011; Shannon et al 2015). Summerfield (1999) contends that, Western medicalized approaches to refugee mental health misrepresent the social context of refugee suffering to mean a psychological defect which demands clinical and technical methods such as counselling and other Western psychological treatments. In this way, refugees' indigenous knowledge of coping and healing is disregarded and replaced with standard medicalized approaches (Summerfield 1999; 2000). The concern is, "whose knowledge is relevant to help refugees with their suffering?" (Summerfield 1999:1453) and "are the methods based on socio-economic determinants of mental health which alleviate refugee suffering?" (Karachiwalla 2011:2). Humanitarian works carried out by the WHO, UNHCR, ECHO (European Community Humanitarian Office), and other agencies have often failed to acknowledge and utilize refugee indigenous knowledge of healing and coping with mental health problems and refugees have not been given the opportunity to identify resources that can benefit their mental health and well-being (Summerfield 1999; 2000). The present research adopts a salutogenic orientation

(Antonovsky 1979; 1987; 1996) that utilizes positive indicators of mental health and well-being to focus on issues of resilience among refugees. This research directs our attention to the resources refugees themselves utilize to cope and adapt to stressors while at the same time staying mentally healthy.

2.2 Salutogenic Orientation

Medical sociologist, Aaron Antonovsky propounded the theory of salutogenesis (origins of health) to explain health-ease (wellness) and dis-ease (sickness) as two ends of a continuum (Antonovsky 1979; 1987; 1996). Antonovsky identified salutary factors as elements of health that “protect and promote good health” and “may be identified at both the individual (e.g., formal education) and community (e.g., neighbourhood characteristics) levels” (Segall and Fries 2011: 60). The emphasis of the salutogenic orientation to health is to discover and understand the kinds of activities people engage in to remain healthy and how people strive to ensure positive health and enjoy quality life (Antonovsky 1987; Eriksson and Lindstrom 2006; Flensburg-Madsen, Ventegodt, and Merrick 2005; Eriksson and Lindstrom 2006; Segall and Fries 2011).

Antonovsky championed salutogenic research to find the reasons that compel movement of people towards healthy lifestyles after conducting research on holocaust survivors who immigrated to Israel (Atwell et al 2009; Almedom 2005). He discovered that the holocaust survivors had the abilities to cope with, overcome, and recover from the challenges and setbacks of the disaster (Antonovsky 1979). Hence, he advocated for the development of mechanisms to facilitate the promotion of healthy behaviours, which he termed “general resistance resources” and urged social and health researchers to utilize the salutogenic model when studying population health issues (Antonovsky 1987; 1996; Segall and Fries 2011). The importance of generalized resistance resources in ensuring positive health are their capacity to aid in resistance

to stressors. Generalized resistance resources can be material (e.g., education, employment, income, food, housing, and health benefits), emotional (e.g., love and care from family and friends, and desire to succeed), biological (e.g., innate intelligence and strong immune system), physical (e.g., fitness and strong physique), and existential (e.g., faith and belief in God, hope in the future, meaning of life, peace and stability, and human dignity) (Antonovsky 1979; 1987; Eriksson and Lindström 2006; Griffiths et al 2011). An individual's capacity to withstand stressors and setbacks depend on the usefulness of the generalized resistance resources to ensure successful outcomes in life which in turn leads to positive health (Antonovsky 1979; 1987). In other words, people can better cope with daily stressors, anxieties, and challenges when they have access to resources such as income, education, family support and friendship, to help them understand, manage and view life as meaningful, which leads to promotion of positive mental health and psychological well-being. Health researchers therefore apply the salutogenic model to health in order to gain better understanding of factors or issues that enhance health promotive behaviours and also provide a platform for measuring population health and wellness (Antonovsky 1996; Segall and Fries 2011). The objective of this research project is to identify generalized resistance resources refugees utilize to remain healthy and also discover potential resources needed to facilitate mental health and well-being (Marlowe 2014).

In line with theories of resilience (Garmezy 1974; Werner and Smith 1989; Rutter 1999), researchers identify resources refugees successfully adopt “to life tasks in the face of social disadvantage or highly adverse conditions” (Harrop et al 2010: 4). The central constructs of resilience is the presence of positive adaptation and protective factors that interact with significant risk resulting in people having the ability to survive or adapt through personal traits, and family and community interactions and processes (Harrop et al 2010). Modern day resilience

theorists clearly state the effect of culture or cultural identity as an important aspect of immigrants or refugees lives to cope and survive in the dominant culture of host countries (Ungur 2008; Pickren 2014). According to Pickren (2014), refugees migrate with cultural strengths that allow them to undergo processes of tackling their present conditions, remaining human, and implementing their culturally acquired resources reflexively in host countries in order to survive. Hence, understanding the cultural dynamics associated with refugee resettlement in host countries helps identify resources that facilitate resilience.

Furthermore, the salutogenic orientation has been adopted by some health researchers in areas of mental health, physical health, and health promotion to identify how people perceive their health and/or quality of life, and aid in health promotion policy and practice (Flensburg-Madsen, Ventegodt, and Merrick 2005; Eriksson and Lindstrom 2006; Segall and Fries 2011). The salutogenic model has been noted to serve as a good theoretical base for health promotion because our attention is drawn to “people’s resources and their capacity to create health, rather than limiting our focus to biological risk factors, ill health, and disease” (Segall and Fries 2011: 61). In the past, health researchers have tended to focus more on the origins of disease and how to develop ways to prevent or respond to ill health in people. This approach has promoted health to a limited extent and that is why the salutogenic model is recognised as a solid approach to help researchers understand resources that promote good health in people and also serves as an appropriate means of identifying positive health and well-being. However, the salutogenic model does not deny the presence of pathology but rather, researchers are advised to focus on resources that develop and promote health (Marlowe 2014). Hence, researchers with a salutogenic orientation focus on the activities people engage in to become healthy and/or remain healthy. To

investigate positive health and well-being, Antonovsky (1979; 1987; 1996) developed the sense of coherence concept.

Sense of coherence is “a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one’s internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected” (Antonovsky 1979: 123). Hence, sense of coherence relates to how people see the world, how they understand their position within the world, and a hope for a brighter future. This confidence that people exhibit stems from how reliable they perceive existing generalized resistance resources to be in favour of fulfilling their needs. The strength of an individual’s sense of coherence is shaped by the ability of generalized resistance resources to provide effective coping and adaptive mechanisms for dealing with daily challenges and anxieties (Antonovsky 1979, 1987). Thus, our abilities to overcome setbacks and ensure successful outcomes daily depend on the confidence that we have in generalized resistance resources to meet our basic needs and promote positive mental health and well-being.

The sense of coherence scale is comprised of three (3) subscales (comprehensibility, manageability, and meaningfulness). Comprehensibility is “the extent to which one perceives life events as making sense (i.e., the view that life is ordered, consistent, and predictable)” (Segall and Fries 2011: 80). Manageability is “the extent to which an individual perceives that the resources are at his or her disposal to meet the challenges of inordinate demands” (Almedom 2005: 259). Meaningfulness is the extent to which a person feels that life’s experiences make sense emotionally and life is worthy of living (Antonovsky 1996; Segall and Fries 2011).

Antonovsky (1987) explains that the strength of an individual’s sense of coherence is a critical aspect in the personality development of the individual which facilitates the coping and

adaption process, leading to positive health and well-being. This suggests that, a person's perception of things working out for the best is nurtured by socialisation within shared values, culture, or societal norms and these forces provide meaningful elements to compel the person to adopt positive lifestyle behaviours in the face of traumatic stressors. The sense of coherence helps us to discover how influential socio-cultural factors are in a refugee's life and their effects on mental health and well-being (Marlowe 2014).

Furthermore, the salutogenic perspective advises researchers to include social determinants of health such as education, employment, housing, income, and ethnicity which significantly influence a person's mental health and well-being (Marlowe 2014). These societal forces can be understood as general resistance resources, which shape the entire life course of refugees and influence refugees' mental health and well-being. The salutogenic perspective guides researchers to investigate all aspects of refugees' lives that influence their mental health (Marlowe 2014). By doing this, we can determine the resources that can be enhanced to facilitate growth and areas that need to be developed. In applying Antonovsky's salutogenic perspective, there are social and health researchers who have used sense of coherence to study mental health of refugees (Krizmanic and Kolesaric 1996; Almedom et al 2007; Al-Mashat 2011; Borwick et al 2013; Marlowe 2014). As far as this researcher is aware, this research is the first Canadian study of refugee resettlement to employ the salutogenic perspective.

2.2.1 Applying Salutogenesis to Refugee Mental Health

The following refugee studies are qualitative in nature and employ the salutogenic orientation to identify and understand salutary factors influencing positive mental health and psychological well-being in refugees. The choice of qualitative approach to study refugee mental health and well-being aids in obtaining unique accounts of participants' narrations in natural

settings, which provides specific resources and factors utilized by refugees to cope and manage pre- and post-traumatic migration stressors and anxieties. This formed the basis of the current research.

A study of eighteen Burmese refugees in Australia used the salutogenic model to explore healthy lifestyles and coping mechanisms among refugees (Borwick et al 2013). The aim of the research was to “identify factors and mechanisms that led to mental health and well-being of Burmese refugees and also uncover resources from which individuals have drawn strength during their experiences of forced migration and settlement” (Borwick et al 2013: 92). The information obtained from the Burmese centered on their experiences of strength in pre-migration, journey of exile, and post-migration life. The study’s findings on strength of refugees generated four themes: interpersonal relationships, existential values (experiences relating to aspects of living that make life valuable, meaningful, and worth living), sense of future and agency, and spirituality (Borwick et al 2013: 95). A salient point linked to interpersonal relationships was how Burmese refugees viewed the relationships with families and communities as a source of strength in times of hardship (Borwick et al 2013). The participants’ account of existential values highlighted factors such as freedom, independence, and hope that enabled them to endure despite the nature of their hardships (Borwick et al 2013). Sense of future and agency indicated how the Burmese refugees drew strength from “hope for political change, hope for a safe place to call home, and a general sense of hope for a more secure future for the participant and their families” (Borwick et al 2013: 97). Finally, other participants ascribed their source of strength to their spirituality which enabled them develop a positive outlook in facing hardships. Overall, the study’s findings identify the following salutary factors as helping Burmese refugees

cope with hardships and also gaining positive mental health and well-being: interpersonal relationships; existential values; sense of future and agency; and spirituality.

Another study of ten Iraqi refugees utilized sense of coherence to draw out the coping and adaptive strengths used by newcomers to gain positive mental attitudes and psychosocial well-being (Al-Mashat 2011). The aim of the study was to investigate the “experiences of coping and adaptation of Iraqi refugees and exiles living in Jordan” (Al-Mashat 2011: 157). The study produced three themes: “the role of religious beliefs and their linguistic expressions (i.e., various spiritistic words that described their belief in God) in coping, the inner strength gained from experiencing war and from identification with the Iraqi nationality, and the search for a purpose and the desire to make a contribution” (Al-Mashat 2011: 158). All the participants expressed the important role of religious beliefs and their linguistic expressions in helping them cope with the uncertainties of the future in Jordan. Also, the participants developed a sense of responsibility and accountability as a result of the strength gained from experiences of war and post-migration life in Jordan. Lastly, the participants felt that finding a purpose and making a contribution helped rediscover the purpose of life they had lost and also created a better life for their families. All participants expressed importance of employment and financial security as a way of ensuring a better life and making a contribution as an Iraqi.

A third study of 25 refugees from Burma highlights the adaptive capacity and strengths of refugees as individuals and as a collective group (Shakespeare-Finch et al 2014). The study used a salutogenic model to emphasize the strength and adjustment of Burmese refugees to overcome stressors in Burma and Australia. The specific adaptive strategies included religiousness and a sense of duty to family, community, and country. A willingness to endure was born out of a sense of responsibility and purpose to survive and protect their family and community. Family

and community ties were salient points which helped Burmese refugees cultivate purpose, hope, and support systems. Most of the refugees faced challenges with hope for a better life and a hope that their suffering will cease. Also, the Burmese refugees drew strength from their religious faith and the religious celebrations that were often organized. A similar purpose for survival was identified by all the refugees to be “a purpose to continue to bring attention to the plight of their communities left behind and for the greater good of Burma itself” (Shakespeare-Finch et al 2014: 323). The study emphasizes the salutary factors such as family and community ties, religious faith, hope for the future, and political goal to make Burma a better country as resources that help refugees in gaining posttraumatic growth and resilience.

A fourth study of 11 refugee torture survivors from various African and Asian countries reveals significant processes of healing after torture (Isakson 2008). The study’s findings show coping and adaptive factors for getting better such as: a desire to move on; use of belief and value systems; and establishing social support, safety, and stability. An essential part of getting better for the refugees was the desire to move on, excel and build a better future. They felt that forgetting past torture and pain was the right way to move on and succeed with their future goals and aspirations. All the refugees identified their belief and values systems as important elements in the coping and healing process. In order to overcome their challenges and attain a healthy mental life, the refugees nurtured a “faith in a higher power, belief that a higher power is in control, fair judgement by a higher power, spiritual rituals and activities, forgiveness, and understanding of the roles and circumstances of the perpetrators” (Isakson 2008: 71). Refugee survivors also identified various levels of support and coping strategies that promote health as ensuring safety and stability. The support was from the US government and other institutions at the macro level as well as interpersonal support at micro level. The refugees were given

education and economic opportunities, increased freedoms, and received institutional and emotional support. These resources provided safety and stability for their new life, helped them adjust, and developed a healthy mental attitude and psychological well-being. Thus, the salutary factors that helped refugees to get better are the desire to move on, belief and values systems, and support systems.

A fifth study of five Vietnamese refugees shows pre- and post-migration experiences of making a transition from Vietnam to Sweden (Elmeroth 2011). Based on the concept of sense of coherence, three themes emerged: in the hands of authorities/ forced to leave home; regarded as uneducated and untrained; and lack of balance, reveal the absence of social support systems and its detrimental effects on mental health and well-being (Elmeroth 2011: 126). The refugees' experiences of leaving home and struggling in the hands of authorities are characterized by coercion, uncertainties, and powerlessness, which tended to shape their thinking and gradually forced the refugees to accept their situation. Conditions in Sweden render the Vietnamese refugees as uneducated and untrained due to strict Swedish language proficiency that is required in order to secure employment and integrate into the Swedish society. The presence of imbalance and role shift in the family relationship caused feelings of inferiority and guilt in the family heads. Importantly, this study indicates how a weak sense of coherence adversely affects coping, social support, and family ties and ultimately influences the quality of life of refugees. Hence, the study findings provide areas where the Vietnamese refugees' lives can be amended to help them cope and integrate into Swedish society.

Lastly, a study about Vietnamese refugee parents' cultural strategies and resources to raise their adolescent youth in Norway provides protective factors contributing to positive mental health outcomes and resilience among their adolescent youth (Tingvold et al 2012). The study

generated three main themes as: the role of the extended family and siblings in bringing up children; language acquisition and cultural continuity; and religion and social support. In the course of experiencing a clash with Norwegian parenting practices and culture, Vietnamese parents sought extended family help in transmitting their norms and values to their children, and preserving their cultural heritage (Tingvold et al 2012: 9). The Vietnamese parents communicated and instructed their children using the traditional Vietnamese language to ensure cultural continuity while attempting to be flexible with the dominant culture of the Norwegians. With regards to religion and social support, the Vietnamese parents encouraged their adolescent children to attend the Vietnamese Catholic Church and participate in religious activities in order to instill in them religious beliefs and practices common to Vietnamese and also to prevent their children from engaging in harmful practices and bad associations. These culturally determined resources and strategies utilized by Vietnamese parents in raising their adolescent youth strengthen the emerging use of cultural tools in resilience studies of refugee mental health and well-being.

The above reviewed studies of refugee resettlement employing a salutogenic orientation demonstrate that the salutogenic model is a sound theoretical base for identifying resources that strengthen refugee's abilities to cope and adapt to life challenges, and develop healthy mental attitudes. Participants from the studies expressed the strength gained from religious beliefs, a positive outlook towards the future, and the importance of family and community. A critical point worth considering in these cases is the influence of societal norms and values which shape the mindset of refugees to think and act positively; despite hardships. On this basis, the salutogenic model helps researchers to discover the origins of mental health and the factors whereby refugees strive to attain mental health and well-being. These studies highlight the

importance of family ties as salutary. Other salutatory factors include the desire to see a positive change in the future. These factors are what researchers using the salutogenic orientation look out for in understanding the origins of mental health and the reasons behind why refugees attain positive mental health and well-being. In like manner, this research utilizes a qualitative methodological approach to incorporate the sense of coherence framework in identifying the generalized resistance resources that help refugees cope and adapt to life challenges, while at the same time striving to remain mentally healthy.

Antonovsky's (1979; 1987; 1996) salutogenic perspective highlights how confidence in one's internal and external environments are very important to predict his/her future outlook on issues. On this premise, situating refugee mental health within the salutogenic orientation helps to discover the resources that strengthen refugees to attain positive mental health and well-being.

CHAPTER THREE

Methodology

This research is qualitative in nature and employs a methodological approach which is informed by Bourdieu's reflexive sociology (Bourdieu and Wacquant 1992). The usefulness of qualitative research approach for this study is that, it allows "a flexible and data-driven design, to use relatively unstructured data, to emphasize the essential role of subjectivity in the research process, to study a small number of naturally occurring cases in detail, and to use verbal rather than statistical forms of analysis" (Hammersley 2013: 12). The qualitative researcher focuses on finding explanations or interpretations of participants' behaviour rather than fitting findings into a predetermined hypothesis (Hammersley 2013). Qualitative research allows participants to recount their life experiences subjectively, in natural settings, with the aim of obtaining unique account of participants' stories without generalization (Marshall 1996; Platt 2002). Thus, my research allows refugees to provide accounts of their adaptation and coping behaviours during resettlement, which have promoted their mental health and psychological well-being.

3.1 Reflexive Sociological Interviewing

In conducting research, about 70 to 90 per cent of qualitative researchers use face-to-face interviews to seek knowledge claims and participants' life stories (Gubrium and Holstein 2002; Platt 2002). Despite the usefulness of face-to-face interviewing, issues concerning presenting findings to capture participants' experiences and data analysis remain challenges in qualitative research (Riach 2009). Hence, recent social science research has emphasized the use of reflexivity in answering questions of epistemological assumptions and the research process (Bourdieu and Waquant 1992; Rouse 2004; Fries 2009; Riach 2009).

Most refugee research on mental health utilizes a quantitative approach (Holmberg et al 2004; Almedom et al 2007). In order to provide qualitative insights into the lifestyles, behaviours, and socio-cultural practices of refugees that facilitate positive mental health and psychological well-being, this research utilizes reflexive sociological interviewing (Bourdieu and Wacquant 1992; Fries 2009; 2013; 2014) as a methodological technique in conducting the research.

The goal of reflexive sociology as a methodological approach is to “capture the dialogical interplay of objective social structure with subjective agency in social behaviour” (Fries 2009: 327). As Williams (1995) points out, there are societal forces which shape actions and attitudes of people and these tend to affect health-related behaviour and lifestyles. This cautions researchers to be aware of the influence of society on the actions or practices of the individual. In line with reflexive sociological interviewing, this research seeks to understand how objective aspects of social location such as country or origin, ethnicity, religion, and use of mental health facilities influence refugees to adopt salutary practices in their personal lives. Focus is on investigating the available resources such as money, food, employment, and social connectedness that refugees utilize to sustain or strive for positive health. Using a narrative approach informed by Bourdieusian sociology, the interview method facilitates a narrative telling of the subjective experiences of refugees in striving towards health promotive lifestyles and practices.

A central feature of reflexive sociological interviewing is that it provides an effective means for researchers to reflexively remain vigilant during the data collection process (Bourdieu 2004). According to Bourdieu (2004: 89) reflexive sociology is

“understood as the effort whereby social science, taking itself for its object, uses its own weapons to understand and check itself, it is a particularly effective means of increasing

the chances of attaining truth by increasing the cross-controls and providing the principles of a technical critique, which makes it possible to keep closer watch over the factors capable of biasing research. It is not a matter of pursuing a new form of absolute knowledge, but of exercising a specific form of epistemological vigilance, the very form that this vigilance must take in an area where the epistemological obstacles are first and foremost social obstacles”.

This makes the researcher keenly aware of his/her role in society, which can influence the research process and distort the accounts of interview participants. Hence, reflexive sociology demands that researchers reflexively attend to possible sources of bias to mitigate social obstacles and connections that distort interviewee accounts (Mauthner and Doucet 2003). In implementing this suggestion as a health and social researcher, I reflexively analysed my social status as a sociologist, an African international student in Winnipeg, a Christian, and a single woman and tried to determine the extent to which these statuses distort accounts made by participants by keeping a ‘reflexive research journal’. Upon reflection, being an African woman with a temporary status without all the benefits entitled Canadian citizens made me feel that refugees experience worse case scenarios in Canada and this affected their mental health greatly. However, reflexive sociological interviewing cautioned me to be vigilant about biases, which may shape my interpretation of the narrative accounts produced by the refugees I interviewed. Taking into account Mauthner and Doucet (2003) and Wacquant (2011) experiences of keeping personal records of collecting and analysing research data reflexively, my interview journal allowed me to record my personal reactions to the narratives of participants. This helped sensitize me to how my social location shaped my reaction to the analysis of my research participants’ narratives. To this end, I sought to apply the “epistemological vigilance” that Bourdieu (2004) encourages in all social researchers in order to avoid biasing research findings.

Another important aspect of Bourdieu’s reflexive sociology “seeks to combine an understanding of objective social structural effects with knowledge of the subjective aspects of

behaviour, thereby facilitating an “epistemological break” with common sense and individualistic understanding of behaviour” (Fries 2009: 332). Everyday health behaviours are often taken for granted and done unconsciously and routinely (Williams 1995). Bourdieu (1977: 79) clearly states that “each agent, wittingly or unwittingly, willy nilly, is a producer and reproducer of objective meaning...it is because subjects do not, strictly speaking, know what they are doing that what they do has more meaning than they know”. Forcing participants to give mechanical or second order accounts of their health related lifestyle practices and resettlement experiences may hide the objective factors behind their actions. It is important that researchers reflexively give participants the opportunity to narrate their experiences without researchers projecting their theories, rationalisations, personal biases, or existing research classification schemes to affect the data collection processes (Mauthner and Doucet 2003; Riach 2009; Fries 2009). Fries (2014: 4) notes that “the reflexive sociological researcher should never attempt to have participants play social theorist in the form of asking them to provide explanations of their behaviour”. In line with this, my research avoided asking questions that would draw out second order accounts which obscure the underlying logic of participants’ behaviour (Fries 2009; 2014). Topic areas, drawn from existing studies of refugee resettlement, which employed a salutogenic perspective, discussed include (The full interview schedule is included as appendix I to this thesis.):

- Resettlement History
- Life in Canada/ Winnipeg
- Challenges Encountered
- Sources of Support and Help
- Family Ties

- Community Ties
- Religious / Faith Commitments
- Use of Formal Mental Health Care Services
- Sense of Belongingness
- Sense of Coherence (comprehensibility; manageability; meaningfulness)
- Political Activism
- The Future: Hopes and Worries

Importantly, reflexive sociological interviewing encourages researchers to ask “how, what, and where?” questions while avoiding “why?” questions because reflexive researchers should “never raise questions that don’t arise from the participants themselves” (Fries 2009: 344). A research strategy that encourages participants to account for and explain their actions risks presenting a misleading picture of participant’s reality (Williams 1995). This is because participants go through their daily activities unthinkingly and routinely, and most of the things that they do are taken for granted (Bourdieu and Wacquant 1992; Williams 1995; Fries 2009). For this reason, reflexive interviewing helped me to avoid asking participants questions that yielded cultural accounts that obscured their “logic of practice” (Bourdieu 1990). Participants may give “discursive accounts” to show how knowledgeable they are and appear intelligent to the researcher (Williams 1995: 8). Putting reflexive sociology into practice, my research asked questions, such as “What is your biggest challenge in life and how do you try to deal with it- Where do you go for help in dealing with life’s day to day challenges- what does religion mean to you?” Using this line of questioning allowed further probing questions for participants to elaborate or give clearer descriptions of their lived behaviours. The point of reflexive interviewing is to ensure that researchers grasp the objective structures underlying participants’

narratives. On this premise, reflexive sociological interviewing guided my research in obtaining a reflexive understanding of participant life stories to examine the objective factors that facilitate positive mental health and psychological well-being of refugees.

3.2 Research Ethics Approval

Ethical clearance was obtained from Psychology/ Sociology Research Ethics Board (included as an appendix III) at the University of Manitoba.

3.3 Participant Selection

In keeping with its salutogenic orientation, this study was interested in gaining insight into Winnipeg refugees' way of life that promote mental health and well-being, as well as resources and coping mechanisms which help in resettlement into Winnipeg society. The sampling approach used for the selection of participants for this research study was a purposive, non-probability sampling strategy.

After obtaining ethics approval, I advertised this study through multiple channels such as academic institutions, refugee serving organisations, direct solicitation, and social marketing. Initially, Newcomer Employment Education Development Services (NEEDS) was contacted to help in the recruitment of participants for this study. Later, Immigrant and Refugee Community Organization of Manitoba (IRCOM), YMCA-YWCA Winnipeg, and Wolseley Family Place were also contacted to further help in the recruitment of refugees for this study. Additionally, online advertisements were made in the University of Manitoba ICS Newsletter and Kijiji Ad Winnipeg Website. Other key informants like apartment caretakers and friends of refugees were directly solicited to provide information on refugees for the interview. Lists of potential participants were provided by NEEDS, IRCOM, and Wolseley Family Place, and refugees were

either contacted by telephone or apartment visit at IRCOM. Other potential participants expressed interest in the study by directly contacting the researcher.

The appropriateness of purposive sampling allowed the researcher to “actively select the most productive sample” (Marshall 1996: 523) from the refugee population to answer the research questions. The four purposive sampling methods implemented were: advertising in refugee serving organizations, word of mouth, direct solicitation, and social marketing. Refugee serving organizations such as NEEDS, IRCOM, YMCA Winnipeg, and Wolseley Family Place were contacted to assist in recruiting potential participants (refugees) to be interviewed. These organizations advertised the study by posting flyers around their premises and providing lists of refugees who were eligible to participate in the research based on the study requirements. Adopting this strategy in recruiting refugees through refugee serving organizations yielded the highest number of participants (see table 5) for the research study. This method was the most successful approach because most Winnipeg refugees frequently utilize services of refugee serving organizations and these organizations provided specific information to help in recruiting refugees. For instance, IRCOM staff helped with the door-to-door recruitment of participants at IRCOM housing. Using this purposive sampling strategy proved timely and efficient (Lu Liu et al 2013) in reaching potential participants for the study. The word of mouth sampling strategy implemented in this study required the willingness of key informants such as apartment caretakers and friends of refugees to disclose and explain the nature of the research to potential participants “on behalf of the researcher” (Gledhill et al 2008: 6). Interested participants gave their consent for the researcher to make a contact and arrange for a time and place of convenience for the research interview. Although the word of mouth sampling strategy yielded a number of potential participants, only one participant (see table 5) met the requirements of the

study's sampling frame. Also, the direct solicitation sampling strategy (Gledhill et al 2008) occurred when an opportunity arose at the University of Manitoba for the researcher to enquire about a student's immigrant status. The direct solicitation strategy proved successful with only two participants (see table 5) but a continuous use of this strategy provided refugees who did not meet the study's requirements. For instance, some refugees did not speak English and others were under 18 years. Finally, social marketing involved advertising the research in the University of Manitoba ICS Newsletter and Kijiji Ad Winnipeg website. However, University of Manitoba ICS Newsletter and Kijiji Ad Winnipeg advertisements did not generate any participants for the research study. This approach was unsuccessful partly due to the limited time frame for recruiting refugees and the academic period (winter end-of-term examinations) the study was advertised at the University of Manitoba ICS Newsletter website.

Table 5: Strategies of Purposive Non-Probability Sampling

Strategies	Male	Female	Total
Refugee Serving Organizations	5	0	5
Word of Mouth	0	1	1
Direct Solicitation	1	1	2
Social Marketing	0	0	0
Total	6	2	8

In total, the eight participants who took part in the study were interviewed between February and April, 2015. Participants' age ranges were between 21 and 70 years, with most in their twenties. I spoke with six men and two women; five participants were single and three were married (see Table 6). There were five potential women for this research; two refugees from Nepal and Colombia who were unavailable due to busy work schedule, two refugees from Iran

Table 6: Profile of Participants

Pseudonym	Age	Age Of Arrival	SOC Score	Marital Status	Country of Origin	Length of Stay	Education	Occupation	Religion	Language other than English	Yearly Income Before Tax
Felicia	27	16	51	Single	Liberia	11	High School Diploma	Student-Worker	Christian	None	No Response
Alaba	23	21	54	Single	DR Congo	2	High School Diploma	Student-Worker	Muslim	Swahili, Lingala	No Response
Maazin	23	18	54	Single	DR Congo	5	University Degree	Paramedic Assistant	Christian	Swahili, Tshiluba, Chichewa, Tumbuka, French	\$34, 000
Jamesha	59	54	54	Married	Iraq	5	Masters	Interpreter	Muslim	Arabic	\$18, 000
Najma	69	35	65	Single	Lebanon	34	College Degree	Retired Nurse	Christian	Arabic, French	\$10, 200
Guhaad	22	18	67	Single	Somali	2	High School Diploma	Student	Muslim	Somali, Amnanic, Oranic	No Response
Jacinto	39	37	70	Married	Colombia	2	University Degree	Student-Worker	Christian	Spanish	No Response
Lwin	27	25	74	Married	Myanmar	2	High School Diploma	Student	Christian	Burmese, Kachin (Jingpo)	No Response

who were unable to participate due to age and language barriers (below 18 years and non-English speaking refugees respectively), and an Afghan woman who did not want to participate in the research.

In relation to area of origin, participants originated from diverse places (Africa, Asia, the Middle East, and Latin America) with unique historical backgrounds. Participants' pre-migration experiences were filled with wars, genocide, civil strife, political disturbance, separation from family and friends, lose of wealth, and religious persecution. Although wars and civil strives cut across the experiences of all participants, the magnitude, duration, and havoc of its outcome were unique. All participants from Africa at ages below five witnessed wars in their countries and later experienced the disastrous consequences on the lives of people. For instance, participant from

DR Congo (Maazin) at barely age three fled from a province in DR Congo to another because of genocide. Also at age four, the Liberian refugee fled to the United Kingdom with a younger brother and an aunt, and two years later joined her parents in a refugee camp in Ghana.

Other significant experiences that my participants shared were long waiting periods spent in refugee camps to be accepted as a refugee by a UN designated country. After losing his house, wealth, and dignity to civil war in Iraq, the participant from Iraq fled to a refugee camp in Syria with his family and with the assistance of UNHCR resettled in Canada years later. Also, a unique experience is when participant from Lebanon told me about her religious persecution from her family as the reason for resettling in Canada. These pre-migration accounts signify how heterogeneous the refugee population in Winnipeg is with varying historical backgrounds and cultural diversity.

A greater number of participants were within the recent immigrant classification given the length of stay (less than three years) in Canada. Information on participants' highest level of education was based on previous educational attainment from country of origin as well as current educational attainment. Only one participant held a master's degree, three participants held university/college degrees, and four participants held high school diplomas (see Table 6). In terms of participants' religious affiliations, five participants were Christians and three were Muslims with almost all participants having mastery over other languages apart from English. In considering the occupational status of participants, five participants were students with three engaged in part-time jobs and the three remaining participants were Paramedic Assistant, French Interpreter, and Retired Nurse¹. The participant who works as a Paramedic Assistant indicated a yearly income before taxes at \$34,000 while the French Interpreter and Retired Nurse had their

¹ Participants' actual occupations and names have been changed.

yearly income before taxes falling below \$20,000 and the other five participants gave no response to the income question.

Many health-related studies apply a pathogenic orientation; understanding health in terms of absence of illness, rather than positive indicators of health (Coburn et al 1998; Segall and Fries 2011). Antonovsky's 13-item sense of coherence scale is noted as a positive indicator of mental well-being which helps researchers to identify and understand how a person's confidence in his/her internal and external resources aid in health promotive lifestyles (Antonovsky 1979; 1987; 1993; Eriksson and Lindström 2006). The sense of coherence scale is widely accepted as a cross culturally applicable instrument and a sound measure of validity and reliability in health, especially mental health (Antonovsky 1993; Eriksson and Lindström 2006). It is worthy to note that, researchers who adopted the sense of coherence scale to measure different concepts had varying validity issues. The advice to researchers is the use of sense of coherence scale (i.e., measurement of the subscales, comprehensibility, manageability, and meaningfulness, must be summed up but not calculated individually) as it was originally intended in order to ensure validity (Eriksson and Lindström 2006). In terms of reliability, the research studies that utilized the sense of coherence scale reported high internal consistency (reliability) in research findings. Emphatically, research studies on different cultures and languages that employed the sense of coherence scale still maintained internal consistencies (Eriksson and Lindström 2006).

Again, the sense of coherence scale strongly supports culture, social class, gender and region (Antonovsky 1993; Eriksson and Lindström 2006). According to Antonovsky (1993:726), the "sense of coherence contrasts to such concept as self-efficacy, internal locus of control, problem oriented coping, the challenge component of hardiness, and mastery. These are strategies hallowed in particular cultures and subcultures, and may well be appropriate stressors".

In a sense, the sense of coherence helps us to identify factors and resources that enable successful coping irrespective of the cultural identification, social class, and geographical location. Evidence of the sense of coherence supporting different languages and cultures can be identified “in at least 33 languages in 32 countries with at least 15 different versions of the questionnaire on subjects from both Western cultures and countries like Thailand, China, Japan, and South Africa” (Eriksson and Lindström 2006:378). However, the bulk of the responsibility lies on participants to understand the content of the questionnaire and choose appropriate responses. Problems linked to administering of the sense of coherence scale are how participants view the questions to be challenging and time consuming, especially when questions are not constructed in the first language of participant to allow easy understanding and interpretation (Antonovsky 1993).

The current study asked participants to complete a questionnaire on background information and a 13-item sense of coherence scale to help in interpretation of results. The 13-item sense of coherence scale consists of subscales of the sense of coherence as comprehensibility (five items), manageability (four items), and meaningfulness (four items). To determine a person’s level of sense of coherence, “each item in the 13-item sense of coherence scale has seven graded (Likert-type) response scale, which is summed up and the total scores can range from 13 (low score) to the maximum of 91 (highest possible score)” (Jakobsson 2011: 7).

In the case of the current study, I employed the 13-item sense of coherence scale with its Likert scale ranging from 1 to 7 (included as appendix II to this thesis), which was included in the *National Population Health Survey* (NPHS) cycle 3 (1998-1999). This aided in scoring and interpreting participants’ sense of coherence in comparison with the sense of coherence scores of the Canadian population (Statistics Canada 2000; Richardson and Ratner 2005). Participants’

lowest sense of coherence score was 51 and highest sense of coherence score was 74 with an average median sense of coherence score of 59.5. My participants' average sense of coherence score of 59.5 was slightly in line with NPHS average sense of coherence score of 61.7 for the Canadian population (Statistics Canada 2000). Thus, for comparative purposes, participants were equally distributed with four falling below the average sense of coherence score and the remaining four falling above. In a study reviewing the mental health of Canadians, Stephens et al (1999: 119-120) indicated that based on a scale with scores ranging from 0 to 78, "a high sense of coherence was arbitrarily defined as a score of 67 or greater almost one third [31 per cent] of Canadian adults had a high sense of coherence". Thus, four of my participants can be classified as having a high sense of coherence and four participants with sense of coherence scores less than 59.5 indicate a lower sense of coherence. In relating gender to sense of coherence scores, the participant with the lowest sense of coherence score was a female whereas participant with the highest sense of coherence score was a male. Most of the participants from Africa had lower sense of coherence scores and a participant from Asia had the highest sense of coherence score. In terms of marital status, two married participants had the highest sense of coherence scores whereas two single participants had the lowest scores. The only participant who spoke no other language apart from English had the lowest sense of coherence score.

3.4 Procedures

The interviews were conducted at the premises of NEEDS and IRCOM, and both the Fort Garry and Bannatyne campuses of the University of Manitoba. Participants were informed about the aim and nature of this study and confidentiality was assured. At the start of the interview, participants were read the consent form and asked to make the decision to participate or not. This was followed by participants filling a brief questionnaire (included as an Appendix II) on their

background information and Antonovsky's 13 item sense of coherence scale. The background information consisted of items such as sex, age, occupation, ethnicity, religion, and education of participants; which aided in interpreting the results of the research. The 13 sense of coherence items are developed from the three components of sense of coherence: comprehensibility, manageability, and meaningfulness, to determine how a person handles stress and its recurring effects on mental health (Antonovsky 1979). Participants were informed of the reimbursement/compensation offered for their participation, which was in a form of an honorarium of \$15 CAD; self-funded by the researcher. The interviews were digitally recorded, with consent from the interviewees, to provide a record for data analysis. The interviews lasted between 50 minutes and one and a half hours with an average interview length of approximately one hour.

3.5 Data Analysis

The use of a narrative approach informed by Bourdieusian sociology (Bourdieu and Wacquant 1992) to capture the lived experiences and stories of participants prompted an application of thematic analysis at the data analysis stage (Reissman 2008). Based on Reissman's (2008) thematic approach to data analysis, the participants' narrative accounts were studied individually to identify emerging themes. This was possible through the transcription of interviews obtained from participants and researcher's note taking during the interview. The themes emerged based on classifying the information within the research questions and existing themes from relevant literature (Isakson 2008; Elmeroth 2011; Al-Mashat 2011; Borwick et al 2013; Marlowe 2014; Shakespeare-Finch et al 2014). The developed themes were then analysed to draw conclusions on the salutary factors that act as generalized resistance resources to promote positive refugee mental health and well-being. Hence, a voice-centred relational

(Mauthner and Doucet 2003) approach was used alongside thematic analysis (Reissman 2008) to ensure reliability in research findings and facilitate reflexive sociological interviewing (Fries 2009; 2013; 2014).

Mauthner and Doucet (2003) were concerned about how researchers could reflexively interpret interview data, their roles in the analytic process, and the influence of their pre-conceived ideas and assumptions during the analysis stage. Based on these uncertainties, Mauthner and Doucet used a voice-centred relational method of data analysis. This involved the researcher working around “a set of three or more readings of interview text” and the essence of this approach is to identify if the researcher’s emotions or personal interpretations have in any way distorted the narrative of the participants (Mauthner and Doucet 2003: 419). Usually, the readings are in a ‘reader-response’ form that matches the answers of the researcher to the participant and analysed to determine any influences or how “the researcher relates to the text in terms of biography, background and reaction” (Mauthner and Doucet 2003: 419). For instance, a question from this research about challenges encountered since arrival in Canada was analysed from both researcher’s perspective and participants’ responses to identify if the researcher influenced research findings or results in any way. The underlying rationale behind reflexivity in data analysis is to caution researchers to beware of the influences such as social location, emotional, academic and personal biographies, institutional, epistemological, and ontological influences, which might distort understanding of participant narratives (Fries 2009; Mauthner and Doucet 2003; Riach 2009). In using reflexivity while dealing with a voice-centred relational method of data analysis ensured that I only interpreted participants’ stories to represent their “voices”, but not that of my voice. To aid in this voice-centered approach and add methodological rigour, I kept an on-going reflexive research journal. During the thematic

analysis stage, interviews from participants were analysed using the NVivo qualitative data analysis software.

3.5.1 Stages of Data Analysis

The initial stage of the data analysis was to transcribe the audio recordings obtained from interviews with participants. Data was directly transcribed using NVivo 9 data analysis software. The choice of transcribing with NVivo had the benefits of ensuring total synchronisation between the audio file and the text which made it easier to code both the audio file and text. This means that I had the opportunity to reread the text or listen to the audio files many times and it was easier for developing and creating codes.

Next, I used the word frequency and text search queries to identify salient concepts or experiences participants had in common. These search tools were useful in the early stages of the analysis because they highlighted the dominant themes that were emerging from the data. For instance, words such as Spiritual, Hope, Future, Help, God, and Motivation were run through the text search queries to help at the analysis stage. This technique made initial analysis of the data easier and paved way for the main text coding into relevant themes.

Finally, individual coded data were inductively analysed to develop themes from salient experiences that emerged during participants' narratives. Themes were categorised into sub and main themes (see Table 7) inductively as well as deductively using themes from relevant literature described earlier in this thesis (Isakson 2008; Elmeroth 2011; Al-Mashat 2011; Borwick et al 2013; Marlowe 2014; Shakespeare-Finch et al 2014).

CHAPTER FOUR

Analysis of Findings

Researchers interested in the mental health and psychological well-being of refugees utilizing a salutogenic orientation seek to identify generalized resistance resources refugees adopt to cope with resettlement experiences irrespective of past traumatic experiences, daily challenges, and anxieties (Ying and Akutsu 1997; Krizmanic and Kolesaric 1996; Almedom et al 2007; Isakson 2008; Atwell et al 2009; Griffiths et al 2011; Elmeroth 2011; Al-Mashat 2011; Borwick et al 2013; Marlowe 2014; Shakespeare-Finch et al 2014). This is important because the ability of refugees to manage everyday stress depends on their sense of coherence and availability of generalized resistance resources. Existing studies of refugee mental health identified support systems (Atwell et al 2009; Borwick et al 2013; Shakespeare-Finch et al 2014), spiritual beliefs and value systems (Al-Mashat 2011; Borwick et al 2013; Shakespeare-Finch et al 2014), education and employment (Isakson 2008; Atwell et al 2009), future hopes (Borwick et al 2013; Shakespeare-Finch et al 2014), and inner strength and motivation (Isakson 2008; Al-Mashat 2011), as generalized resistance resources that have led to positive resettlement experiences and promoted mental health among refugees. Using in-depth interviews with eight refugees, five thematic types of generalized resistance resources emerged from the interview accounts collected as part of this study as salutary: support from macro and micro levels of interpersonal relationships; religious activities and spiritual beliefs/faith; hope for the future; educational opportunities; and employment prospects. This chapter details the generalized resistance resources Winnipeg refugees utilize in coping with stressors and anxieties of life in Winnipeg to strive for positive mental health and well-being.

Table 7: Salutary Factors Acting as General Resistance Resources among Refugees to

Winnipeg

Main Themes	Sub-Themes
Support Systems	Government Organisations/ Institutions/ Agencies Family Friends Preference for informal support over formal mental health care services
Spirituality	Faith Religious activities
Hope for the Future	Desire for change in self, family, and friends Desire for change in home country
Educational Opportunities	Means to English competency Means to earn employment and achieve future goals
Employment Prospects	Means to sustain life

4.1.1 Support from Macro Level Interpersonal Relationships

Macro level interpersonal relationships consist of the involvement of the government, organisations, agencies, institutions, and communities that play a significant role in Winnipeg refugees' mental health and well-being. Participants identified NEEDS Centre, IRCOM, YMCA Winnipeg, Welcome Place, WUSC (World University Service of Canada), Christian organisations (Mennonite Church, Lutheran Church, and United Church), Mount Carmel Clinic, and the Federal and Provincial governments; as contributing to their resettlement to Winnipeg, Canada. Almost all participants expressed benefits and supports of macro level interpersonal relationships in improving their standard of living and happiness in Winnipeg.

Government

Lwin detailed specific supports provided by the Canadian government for his family's resettlement to Winnipeg, especially with the medical support of his three year old son suffering from Down's Syndrome:

The government done enough for my family, anything is well. First for health, clinics, hospital ... Yeah, government pay his (*refers to his son*) drug for one year... and I can see improvement in his health (27, Myanmar, SOC score: 74).

Lwin identifies the resettlement assistance (provision of income for traveling to Winnipeg and a year support, especially with his son's medical bills) by the Canadian government as a valuable resource that has sustained his family to cope with hardships. Participants were explicit in identifying supports provided by the government, such as health benefits, pre-resettlement package (for example flight fare), housing, and fair governance, as forms of help to manage resettlement experiences. Governmental support systems and policies geared towards resettlement of refugees in host countries are very important resources which aid in successful transition into new societies. Supportive of this study's findings, Isakson (2008: 127) noted that the United States Government's social supports such as "refugee resettlement programs, Medicaid, social security, and housing aid were crucial in establishing safety and stability". When asked the aspect of life in Winnipeg that brings happiness, Najma remarks, "the laws work fine and you feel the care of the government, really". The political stability and care from the government serve as effective generalized resistance resources which facilitate positive resettlement experiences for refugees to Winnipeg. These two participants with higher sense of coherence (74 and 65 respectively) highlight government support as helping in coping with everyday challenges. In effect, participants from Myanmar and Lebanon perceive stability and

security in the government policies and laws which help them draw meaning from life in Winnipeg.

A significant element in the recovery of refugee mental health after experiences of war, political instability, and civil strife, is the existence of a peaceful environment whereby political stability is assured (Ying and Akutsu 1997). Maazin who moved to Winnipeg at the age of eighteen from a refugee camp in Malawi remarked on how safe he finds Winnipeg as a place worth living:

Hmmm, like for me here in Canada, I don't know. I kind of feel more secured compared to if I wasn't here; I guess the story will be different. Politically stable like that, I don't think I have anything to worry about (23, DR Congo, SOC score: 54).

The peace and stability of Maazin's environment in Canada sets his mind at ease and allows him to use available resources and make meaning out of life. A significant feature of sense of coherence is that for individuals to successfully navigate their environment depends on supportive and productive societies that allows them to discover their potential and worth in life (Eriksson and Lindström 2006; Atwell et al 2009). In a sense, government support as a generalized resistance resource alleviates refugees' resettlement problems and/or helps manage challenges and anxieties of a new society.

Organisations/ Institutions/ Agencies

Refugee serving agencies, institutions, and organisations in Winnipeg function as not-for-profit corporations established by individuals and groups with the aim of ensuring that newcomers have access to basic social amenities and resources throughout the resettlement process. For instance, since 1999, NEEDS Centre has provided accessible services and supports to immigrants and refugees through programs such as a youth mentorship program, an employment program, introduction to Canadian education, and a youth after school program, to

help newcomers integrate into Canadian society. Guhaad, who struggles with English, revealed how the NEEDS Centre has contributed to his education:

I came to NEEDS Centre to help me with my problems because when I was new and started school, they (*refers to school teachers*) told me there is a one place they can help me with homework or something, and I start coming to NEEDS Centre. Someone give me an address and somebody show me to come to NEEDS Centre and I start. I use to come here and all those people; Jemima and all those leaders. And they use to help me and I use to come everyday and in summer time, I use to volunteer with the kid program. When I learn more English and they told me to come every summer and volunteer with the kids program. There is a kid program in the morning, and I translate with the teachers. There is a lot of kids from different countries and the language I know, I translate with the teachers and help the teachers to understand. And I did a lot of volunteers for NEEDS Centre (22, Somalia, SOC score: 67).

In the process of learning English to enhance his communication in Winnipeg, NEEDS Centre helped Guhaad to develop the skills of reaching out to others through volunteering services. His experience highlights significant role that agencies and organisations, such as NEEDS, play in helping refugees form meaningful relationships with the community to establish a sense of belongingness which equips them with basic life skills leading to promotive mental health lifestyles. Alaba, like most refugees who utilize the services of refugee serving agencies and organisations in Winnipeg, recounted the support he gets from the welfare benefits at the Newcomer Assisted Program:

Well financially, like right now I am a student; I need to be financially settled. By doing that, a welfare program support me in my study. They told me they will support me in my study until I finish my grade 12. They give me money for the bus pass. They give me money for the rent, food and all those kinds of things. I think that is basically what I'm getting in Winnipeg as an offer of being helped in one way or the other. Another thing is maybe there are other things they do for me that I don't know but that is what I see right now (23, DR Congo, SOC score: 54).

Alaba is enrolled in an adult education programme to help him acquire skills in plumbing. He identified the financial support from the Newcomer Assisted Program as helping to manage his

daily expenses while enrolled in school. Such agencies provide services to assist refugees manage post-migration challenges and anxieties. Without their help, it is likely that refugees may not fully comprehend, manage, and view life in Winnipeg as worthy of living.

Notably, the development of a strong sense of coherence and the belief in the ability of the generalized resistance resources to fulfill basic demands promotes positive mental health behaviours despite challenges and anxieties (Antonovsky 1979; 1987; Eriksson and Lindström 2006). This is evident in the case of Lwin, a father who struggles with the care of a three year old boy with severe case of Down's Syndrome. He commented on the help from Welcome Place, and IRCOM Housing:

They (refers to Welcome Place) gave us everything. They have food; they pay for kitchen, \$300 CAD for 10 days. After 10 days, \$300 CAD again. That is the first time we use the Canadian dollar. How to go for shopping, they showed me, that is fine... here (refers to IRCOM) is very comfortable... Here also sometimes the community make barbecue, men barbecue. A lot of programs and then we learn about many things like how to save the money (27, Myanmar, SOC score: 74).

Lwin and his family are provided with practical means to survive in Winnipeg through the educational programs organized at IRCOM and basic provisions offered to newcomers. For this reason, he is able to manage successfully in his new environment and develop positive resettlement experiences which bolster his mental health and well-being. Hence, Lwin exhibits a high level of manageability partly as a result of the support he receives from the Canadian government and other organisations.

Although, the objective of religious organisations is to provide spiritual guidance and prepare individuals to lead an upright life according to the principles of their God, some churches in Winnipeg have set up programs that resettle immigrants from all over the world and provide financial aid during their first years in Winnipeg. Like many beneficiaries, Jacinto who was sponsored by a group of churches (i.e., the Mennonite Church, the Lutheran Church, and the

United Church) highlighted the help his family has enjoyed ever since he joined the Mennonite Church:

A lot of people especially from the Church. When you come here, or when we came here, we didn't have money. So everything you saw someone gave us or a lot of people gave us. It is not a help? Yes, it is a good help, everything (39, Colombia, SOC score: 70).

Apart from providing spiritual support to newcomers, some churches in Winnipeg have sustained refugees with resources in the form of financial help, housing, education and employment, to help in ensuring a successful transition to life in Winnipeg. Such support has helped Jacinto and his family to develop high sense of manageability and perceive life in Winnipeg as meaningful despite challenges, such as bad weather conditions and poor English language proficiency.

The macro level supports most participants receive as generalized resistance resources (financial, education, employment, and health) reveal how such resources impact Winnipeg refugees positively during the process of integrating into a new society. However, some participants expressed challenges of accessing some institutions or organisations. Jamesha, for instance, pointed out delays in receiving health care when accessing specialized care:

The health is not that much good because when you have something, you should wait three or four months in order to get an appointment with the specialized not the family doctor, the specialized doctor. I have a family doctor but when she refers me to other specialized doctor, it takes three months or four months sometimes which is not fair. That means either I became well or the patient die for the three months if someone has a heart problem or something (59, Iraq, SOC score: 54).

A number of Canadian health studies identified numerous health barriers (lack of access to health care, language, and lack of cultural appropriateness) as causing declines in immigrant health (Summerfield 1999; Vasilevska 2010; Bowen et al 2010; Dean and Wilson 2010). In analysing Jamesha's excerpt, a similar experience is seen in the delays he encounters when accessing specialized health care. This situation leads to an unhealthy outlook towards specialized health

care, which affects his ability to comprehend and manage his physical and mental health positively. In effect, Jamesha has developed a low sense of manageability in promoting his health as compared to Lwin who has a high sense of manageability in dealing with his son's Down's Syndrome as a result of developing meaningful perceptions of the provision of health care by the government.

Most of the participants in the current study expressed how supportive various refugee serving agencies and organisations have ensured access to resources and services necessary for promoting quality life in Winnipeg. However, Felicia expressed her disappointment with a counselor at Welcome Place who failed to assist her family during the first few months of settling in Winnipeg:

We were at the Welcome Place which is like Downtown... We didn't stay there long because as soon as we got there, my parents are very proactive kind of people. Right off the bat, they got on top of it with our counselor who really was not really good counselor; I might add. Because after a very short period of time she was scarce. We had to find the schools ourselves. I remember my sister and I taking the bus with my dad, to like go from Argon Avenue to Daniel McIntyre and like we had no idea where it was going but we just needed to get on this bus and the bus will get us here... And I feel like as soon as we moved out from the Welcome Place our counselor was gone (27, Liberia, SOC score: 51).

Felicia's negative resettlement experiences with a refugee serving agency resulted in the formation of a very low opinion about Winnipeg in general. She was unable to experience how refugee serving agencies and organisations help newcomers manage post migration challenges in Winnipeg. Hence, at age sixteen, her first years in Winnipeg were replete with bitter experiences of how her parents struggled to provide for their family's basic needs. She illustrated another life altering incident that befell her family during the first three months in Winnipeg, "When we came here, my dad was in the hospital for three months. We came in October, I think my dad was in the hospital in somewhere around January. So for like three months, he had to have back

surgery and all those kinds of stuffs. When he finally came home, we had to go through the process of back brace and we had to put candle bars around the toilet to sit". She indicated the lack of support from the refugee serving agency and the physical and emotional toil her father's health condition placed on her family, especially her mother. The disclosed inadequacies in some existing services of organisations and agencies in Manitoba tend to frustrate refugees, such as Felicia, leading to poor integration and transition into the Winnipeg community and a potential of deteriorating mental health and well-being.

4. 1.2 Support from Micro Level Interpersonal Relationships

Micro level interpersonal relationships comprise family and friends who are supportive and strengthen refugees with generalized resistance resources such as money, housing, love, loyalty, compassion, kindness, and knowledge of Winnipeg to assist in the resettlement process. All participants related experiences of support from family and friends during their resettlement. Participants expressed how important support from family and friends has helped them to endure anxieties and challenges of resettling in a new society.

Family

Lwin identified support from family members as a very important asset that strengthens him in dealing with day to day challenges. In response to my question about how his family in Winnipeg has helped to manage life and contributed to his peace of mind, he commented by comparing conditions in Malaysia to Winnipeg:

No, I will not be happy, not too much happy. In Malaysia, sometimes the police kept her (*refers to wife*) because of money, so no, I won't be happy. Also, because here me alone sometimes we can't speak English like very difficult. Not sure, we are learning English more, more, okay (27, Myanmar, SOC score: 74).

He values the presence of his family in Winnipeg because communicating with others is difficult given his limited fluency in English. His family keeps him company and it is easier for him to communicate with them since they understand his language. He emphasized how grateful he is to the Canadian government for allowing his wife, son, and daughter to join him in Winnipeg because of how their pre-migration life was unsafe.

Similarly, Jamesha who has all his family in Winnipeg commented on how this gives him peace of mind. He recounted, “In fact being here with me is a great help because I feel comfortable because they (*refers to family*) are with me. So but usually they need me more than I need them”. Earlier in the interview, he recounted the stress and delays he faced before resettling all members of his immediate family to Winnipeg from Iraq. He now feels at ease and appreciates the presence of his family to enable him cope with life in Canada. In essence, the support from his family helps him to manage and see life as worthy which contributes to his positive mental health.

Jacinto also told me about the emotional support from his family that has helped him to remain positive during difficult times. He narrates, “All time, all time. When you want to resign, they help you. Everyday I saw her (*refers to children*), everyday I see her, you say, it is a support for me... the emotional support is enough”. In line with Segall and Fries’ (2011) explanation of how family and friends can provide emotional support to help in coping with activities of daily living, Jacinto comprehends the positive effect of having his family’s emotional support in dealing with anxieties and this helps him to develop higher sense of coherence than some participants (Maazin) in the current study. Felicia, who struggles with managing life in Winnipeg, also expressed how grateful she was to her parents:

My parents are absolutely like the amazing. And just like I went through that crazy phase in life but just knowing all the stuff they gave up to bring us here. They gave up their

comfort. My mom is used to the finer things in life, you know, she wants to "boo life" (*refers to dressing in vogue*) as they say but she gave up all that to bring us here. So, it's just like now I'm at a stage where I tell myself, "Felicia get your ass up and moving". Do what you have to do. Make your parents happy, make them proud and all that stuffs but they are such an amazing amazing people (27, Liberia, SOC score: 51).

Given all the resettlement challenges Felicia has experienced throughout her 11 years in Winnipeg, she has the ability to comprehend the importance of her family in providing social support in times of distress. She is determined to overcome setbacks in order to excel in life as a result of support from her family. This has a potential of affecting her mental health and well-being positively because "social support buffers the negative effects of stressful life events on our health" (Segall and Fries 2011: 259).

Families also play the important role of transmitting life skills and knowledge which contribute to the socialization of younger generation into societies. Alaba pointed out how supportive his family has been in his resettlement:

My family is a source of help to me, very important to me. It is like anytime I need something, I run to them fast. Anytime I'm in trouble, I look for them fast and like in case of anything I experience in life, it is them that were the foundation of all up to now where I have reached here. My mother tells me the good and bad things to take. The bad things leave, the good take. So yeah, they are very important to me (23, DR Congo, SOC score: 54).

Applying such moral and cultural values in life helps Alaba to form meaningful attachments with others and develop a healthy outlook in life that guides his choices in friendship, work, and other behavioural patterns.

The kinds of material, mental, emotional, physical, existential resources, and meaningful activities (Antonovsky 1979, 1987) that form generalized resistance resources for almost all participants in the current study has escaped Maazin. In gaining an opportunity to further his education, Maazin revealed how sad life in Winnipeg is without the presence of his family:

Well, I came here by myself. I don't have my whole family here, it kind of gets lonely. Like, I wish they were here and not living the life they are living. Now, I do miss them. It makes me sad and that is the major thing that makes me sad. It would be different if they had come here too. It makes me sad (23, DR Congo, SOC score: 54).

This family separation has affected important areas of his life such as school, employment, and even identifying what really makes him happy. Maazin indicated the challenges and uncertainties that he went through during his university life and the wretched feeling that no one understood what he was experiencing even though his sister was supportive. Again, he does not have any strong attachment to his work, no job satisfaction, and is always on the edge while working. For instance, he revealed how his work, “Gets stressful at times and it gets pretty overwhelming. It also makes me sad or disappointed, at times, at myself”. He also identified hanging out with friends and engaging in activities that makes his friends happy as what make him happy. In effect, he has to experience happiness through others and not exactly what he can do to make himself happy. Maazin lacks the family support that most participants in this study obtain in managing resettlement challenges in Winnipeg.

Several participants expressed a strong character born out of a deep sense of loyalty, affection, and love for family and others who need help. The motivation to succeed in school or work in spite of challenges or personal limitations is as a result of families depending on participants to excel in life. Thus, we can see that family attachments serve as generalized resistance resources for refugees.

Friends

In addition to family, another micro level support which is instrumental for the sense of coherence of refugees are friends. As an illustration, facing religious persecution from her family, Najma felt the love, kindness, and loyalty of her religious friends which brought her

peace of mind and lessened the loneliness and pain that her family separation caused her.

Gaining such warm support from her friends, she felt at home and moved on to make a better life in Winnipeg. Najma recounted how her friends have contributed to her resettlement throughout her 34 years in Winnipeg:

Int: What of the people you have here and the environment?

Najma: I really have good life in Canada and Winnipeg because over the years I made lot of friends from among my own religion and they are nice to me.

Int: The friends that you had to stay with in Montreal, were they a good help to you?

Najma: Great help because they were Jehovah's Witnesses like me and they hosted me for two to three weeks. So I did really appreciate very much what they did.

Int: So what did they do?

Najma: They gave me a room to stay and fed me, yeah.

Int: Do you have other friends that are of great help to you?

Najma: Yeah, all my friends are great help for me; I really appreciate them very much, yeah. They help me a lot like I said with the immigration issue. One friend of mine right at the beginning when I needed something written in English concerning the immigration, she did it for me.

Int: So how did they help you to cope with life challenges, like how did they help you to feel at home here?

Najma: Yeah, we all need friends. I sure appreciate them as friends and they help in many ways to understand life in Canada. And if there is something I don't understand whether concerning banks or anything, they help me (69, Lebanon, SOC score: 65).

The meaningful relationship that Najma has formed with friends of her religious faith provides her with emotional ties which bring her peace of mind and in turn contribute to her positive mental health and psychological well-being. This is in turn related to promotion of physical health and successful aging characterized by longevity (Menec 2003). Reflecting on Najma's personality and the interview showed a person who has aged well, is content, and manages life well despite earlier persecution from family and anxieties of resettlement.

Guhaad also illustrated the good association that he has with friends and how productive they are in helping him engage in health promoting activities:

Life, my life in Winnipeg is good because I have good friends who tell me to study all the time or take me to the library. During the weekend if we are not going to the gym to work out, we go to the library to finish our homework from school. After, if we didn't get homework or something, we just stay at our home and play or we enjoy other places like the mall, or something. But I haven't made friends take me to a bad place, that is the thing I have believed in Winnipeg or the friends I have. I believe they are all good. In high school, you see a lot of bad guys and good guys and you know them which one you gonna hang out with them or go out with them. And I see someone calling, let's smoke together and I say I don't smoke and go to the library or class (22, Somalia, SOC score: 67).

The choice of friends helps Guhaad to engage in healthy activities (learning and exercising) and avoid unhealthy practices (smoking and boozing). According to Segall and Fries (2011), there exist detrimental effects attached to some informal associations (family and friends), leading to stress and ill health. However, his friends contribute to his future career as an engineer by advising and helping Guhaad choose healthy academic routine of studying. Reflecting on his choice of positive companions reveals how he manages stress and adopts healthy daily routine through exercise and study.

In some cases, people generate self-worth when they are of help to others they know intimately and cherish. This is the case with Jamesha who serves as a French interpreter to the Arabic people in Winnipeg and has good relationship with staff at Mount Carmel clinic. He remarked on the reciprocal relationship with his friends over the years:

I have friends. As I told you people in Mount Carmel Clinic and people here in IRCOM. I feel they are my friends whenever...but usually my friends from my community need my help because I am considered a community leader and I am helping them whenever they need me as an interpreter. I go with them to other places and also when they ask me something here because I am educated man. I have a law experience; I get the information quickly so they usually ask me. But sometimes also I need some information; in this case I go to them (59, Iraq, SOC score: 54).

As part of his pre-migration experience, Jamesha revealed his volunteer services in a refugee camp in Syria while working for UNHCR. He assisted Iraqi refugees to learn French and helped

in other areas of social service. Thus, the role as a community leader and a French interpreter in Winnipeg provide Jamesha the opportunity to help others and this in turn bolsters his self-worth and shapes his outlook on life positively. In effect, he views supporting the Iraqi community as a way of contributing to positive resettlement experiences which also helps him to learn healthy ways of managing stress. For instance, he recounted specific training from Mount Carmel clinic to help his community, “Mount Carmel; they are training me to train my community. The health sections; they invited us and they trained us and some fields for strengthening families, for parenting, for mental health, family laws, child and family services and then we transfer these information in Arabic for our community”. Apart from helping the Arabic community to gain positive resettlement experiences, Jamesha also utilizes the health education from Mount Carmel clinic to manage challenges and anxieties of daily living.

Alaba, who has had unsuccessful dealings with previous friends, also recounted how supportive his teacher has being as a good friend:

I have my teacher; she is a very important person to me. She has really helped me, ever since I came to Canada; she has helped me up to now. In fact she is a teacher who teaches me maths but this is the person who has been close to me all the time. Anything she come and let me know, she has become a parent right now (23, DR Congo, SOC score: 54).

Although Alaba had bitter encounters with friends in the past, he has developed faith in people again given the benefits he accrues from the relationship with his teacher; progressing to the point of thinking of his teacher as a parent. The support he gets from his teacher helps him to cope with daily anxieties of integrating into a new society and making a career in plumbing.

Similar to Alaba’s experience, Jacinto and his family received support from the Mennonite church to resettle in Winnipeg as well as provisional support for post migration life. He explained how supportive friends from the Mennonite church have been to him and his family:

For example, we are wondering about how can I handle the situation of when she is going to have the baby because we have three babies too. So maybe I need to take her to the hospital but I don't know who is going to take care for them. So that friend said, "I can take care for the children when you go to the hospital". It is a good help. Sometimes or most of the time, you don't need money as a help. Emotional help will be better (39, Colombia, SOC score: 70).

Jacinto comprehends the social support from his friends in dealing with the care of his family more than physical support. Developing the perception that people care, love, and value him, Jacinto builds resilience, which alleviates everyday stress and promotes healthy mental thoughts and psychological well-being. This serves to enhance our understanding of how friends (emotional and social support) can be a generalized resistance resource by bringing stability and meaning to the lives of refugees.

However, not all individuals have the benefit of experiencing emotional support and feelings of belongingness from family and friends. Felicia, who has been in Winnipeg for 11 years, revealed a couple of unsuccessful relationships with friends. She experienced a break-up after an eight year relationship with her ex-boyfriend, a rape by a trusted family friend, and unhealthy (such as, bickering and jealousy) relationships with girlfriends. Consider her account about failed relationships when I asked her about friends:

Not really, like I do have the friends that I went to high school with, they are not really my friends anymore. I cut them out; I literally cut them out because I can't deal with girls' drama. It was too much, it makes me so mad how Black girls can't come together and support each other, you know. This one has to outshine this, and this one has to outshine this one. And probably that is the side that pushes me more into women and gender studies because I want to be in a society that supports each other and more importantly, for me, I want to be in a community of Black women supporting Black women. You know, but so I cut off all those girls because I can't. My friends now, one I pushed her to get into university and she did one semester and she is out. She is moving out of the city and moved to Edmonton. I don't feel like my friends really necessarily are productive towards my life for some reason I don't find (27, Liberia, SOC score: 51).

Felicia has developed a very low opinion of friendship and this affects her outlook on life; perceiving micro level relationships as worthless. Unlike the other participants who have supportive friends, Felicia does not benefit from friends to help cope with resettlement challenges in Winnipeg, such as harsh weather conditions and educational and employment challenges. This helps us to understand how important friends are as generalized resistance resources in providing a sense of coherence, which helps with the management of stressors and anxieties of everyday life.

4.1.3 Preference for Informal Support over Formal Mental Health Care Services

Individuals regularly turn to family, friends, and others for advice and assistance during times of stress, physical illness, and other life related problems (Dean and Wilson 2010; Simich et al 2010; Segall and Fries 2011). My participants were no different. They sought the help of family and friends in whom they trust in order to deal with anxieties and stressors of resettlement life. When asked about the knowledge and accessibility of formal mental health services, all participants claimed to know of the existence of such services in Winnipeg but none expressed a need to visit such places. In contrast, participants like Alaba detailed how he deals with daily stress:

People, they tell you that if you go to YMCA do some fitness, the stress will go. I go there, do some fitness, come back home. Though it won't all go but slowly by slowly, it gets out of you... I have come like seven times talking to Jemima (*refers to NEEDS Centre Staff*) about some stressors I had previously, but she tells me do this, do this, and it has been an important thing to me. The way she says do it, I try to do it, and things are going perfect (23, DR Congo, SOC score: 54).

Physical activity and support from NEEDS Centre staff help Alaba to cope with stress and in turn preserves his mental health and well-being. The choice of seeking families and friends to share health related problems based on feelings of trust and care is popularly practiced by

immigrants (Isakson 2008; Masinda and Kambere; Atwell et al 2009). A number of Canadian studies on the mental health of refugees attribute these choices to the biomedical nature of health services which lack cultural appropriateness and do not permit intimacy between doctor-patient relationships (Summerfield 1999; Isakson 2008; Dean and Wilson 2010). Alaba, like most refugees, prefers managing stress and anxiety through the help of people he can trust in an informal setting to formal mental health care. Similarly, Maazin detailed his choice of psychological support when facing stressful situations:

Yeah, I had a lot of people. First of all my school, we had several orientations. There was international student orientation, I was invited to that. They offered a list of where to get help if one needed one and I also had one of my siblings who was there. She was there if I ever needed to talk to her... She was of great help like when you have exams and you do not know what to do or when you are overwhelmed with things to do. She always helped me to take one step at a time and not to lose my sanity (23, DR Congo, SOC score: 54).

Maazin was aware of available formal mental health care services in Winnipeg, but he chose to seek help from a sister he feels comfortable with and values the support that he can obtain. His sister helped him to manage academic stress effectively by sharing her coping experiences of academic life. Thus, he could comprehend and manage academic stress because his sister had experienced similar challenges and succeeded, and she was willing to help him overcome stress of dealing with school work.

On the other hand, when individuals fail to utilize both formal and informal mental health services, there is likelihood of deteriorating mental health characterized by low sense of manageability and meaninglessness in perception of life. Contrary to the experiences of Alaba and Maazin, Felicia sought no help when she was raped at the age of 20 by a trusted family friend:

I didn't say anything to anybody (*refers to rape*). I didn't even tell my boyfriend until a week or two later, I told my sister first and my sister was like, "Aah, yeah right" (*Expression of doubt*)... I went to high school here so I am very aware of the places that you can go for help with that sort of thing and if not the internet generation. I get online and search, "Help links Winnipeg" you know, find it. I do know they are out there, a lot of immigrants don't. A lot of refugees are not aware that there is someone they can talk to and the culture too we are also raised in, a lot of these things are hushed hushed. Families deal with it but I am not ashamed it happened to me and you know. ..I just don't like talking about my feelings in my case, I just don't ... Let me just sit at home, in my own time I will figure out how I feel and what I should do about it on my own than going and sharing my information with someone sitting there writing my information on a pad. I don't wanna go through all that. So I don't really talk to people. There is no particular reason; I don't feel like I need to (27, Liberia, SOC score: 51).

Although Felicia was aware of the help available to deal with trauma stemming from her rape and multiple abortions, she rejected formal help and dealt with the problem by herself. Now, Felicia harbors the perception of life having less meaning, the available resources having no power to help meet daily challenges, and no firm hope or goals for the future. Her choice of managing trauma stemming from her rape was less effective as compared to the support Alaba and Maazin obtained to deal with daily stress from family and friends whom they trust.

In summary, the above discussion highlights how the government, agencies, families and friends as generalized resistance resources contribute to positive mental health and psychological well-being of my participants. Participants with high sense of coherence are seen to have the help of both macro and micro level support compared to those who did not. This reinforces importance of macro and micro level support systems in contributing to successful resettlement experiences in refugees. The salutogenic framework has also helped in identifying potential resources and areas that need to be amended in the macro and micro interpersonal relationships to promote mental health of Winnipeg refugees during resettlement processes.

4.2 Religious Activities and Spiritual Beliefs/Faith

As central to the human race, religion is a form of communication between humans and a higher (supernatural) force, which is patterned along cultural and social boundaries involving beliefs, rituals, values, norms, and collective representations (Dianteill 2003). Religion plays a central role in all social systems with its influence in the internal (emotions, feelings, and existential values) and external (families, groups, communities, and societies) environment. Participants revealed the influence of their religious beliefs and values in life with the exception of one participant (Felicia) who remarked on religion having minimal effect in her outlook of life.

Faith

Almost all participants indicated the influence of religious faith in their outlook on life. They strongly recounted the help God showed throughout their difficult situations and how their reliance on Him has helped them to cope with challenges of daily life. An example is seen in how Alaba endured the hardships of his pre-migration life in Uganda, Zambia, and Tanzania, after he fled Congo with his family. He recounted how faith in God sustained him throughout all the hardships:

My religion I think is a great foundation of what I do part of my life because each time I praise God, each time God remembers me. Each time I talk to God, each time like, things go smoothly is what I believe. So like, in case I may be in trouble as you said we have to talk about some questions where you in trouble but you don't know how to get out of it (*Refers to questionnaire on general life experience*). And even if you talk to somebody doesn't have an idea how to get out of it. I believe God is the only person, only Creator who can bring you out of that trouble (23, Alaba, DR Congo, SOC score: 54).

Alaba developed a strong faith in God and this served as a source of strength to deal with challenges and stressors. He was able to achieve spiritual support through prayer whereby he felt the assurance that no one could show him. Spiritual support from God to most refugees is

reliable and helps in managing their emotions, feelings of worthlessness, and loss of hope in all situations (Shakespeare–Finch et al 2014).

Participants narrated their past experiences filled with terror, uncertainties, loss of wealth, and separation from families, but their firm belief in God helped them to endure all forms of trials. Consider the case of Lwin who related how faith in God helps him to control his emotions in difficult situations:

Yeah, sometime we are very sad. Sometimes we are having a hard time. We talk to God about what to do, God help me. Maybe we are praying to God, our minds are everyday we control. When I am angry; so we are new neighbourhood. When I lived in Malaysia, sometime I have problems but I control my mind. Some people do me something but I cannot respond so I thinking about God (27, Myanmar, SOC score: 74).

Lwin's strong conviction and faith in God helps him to lead a peaceful life and choose health promotive behaviours and lifestyles to manage challenges. As a result, he exhibits high level of manageability in dealing with stressful situations, which is characteristic of a high sense of coherence.

In contrast to Alaba and Lwin's reliance on God to deal with resettlement anxieties and challenges, Felicia rejects the influence of religion in her life:

The fact that I have faith and the fact that I know I'm a Christian, it does but very minimal... I am not practicing religion to the core, it does shape the few of the things I do. I try to be honest as I possibly can with people. I don't really like going through life with; but I guess honesty doesn't really have much to do with religion that much anyways. I'm gonna go ahead and say it doesn't really play that much of a deal in my life (27, Liberia, SOC score: 51).

The minimal or lack of faith in God portrayed by Felicia stems from personal choices to avoid all forms of religion. Unlike the other participants (such as, participants from Colombia and Lebanon) who benefit from their religion, Felicia experiences challenges with religion as a source of support and emotional sustenance. For instance, she indicated how religion prevents

her from experiencing a permanent relationship with her Muslim boyfriend, “He and I are not gonna get married. His culture that he is from, I'm not necessarily gonna be welcomed into it... he is Muslim, so we know we're not gonna get married... My problem with religion is that all these segregation that religion brings, you're Christian, you're Muslim, we can't be together. You're Jewish, you're Muslim, let's kill each other and all that stuffs”. Felicia views religion as the main cause of relationship challenges with boyfriend and others. Hence, she does not derive religious support and strength to cope and manage stressors and anxieties in Winnipeg.

Religious Activities

Most participants revealed the importance of following their religious practices and cultivating a constant routine that keeps them away from disruptive or harmful habits. For instance, Guhaad, who grew up in the Muslim religious tradition, detailed his involvement in religious activities and its influence on how he adopts a healthy lifestyle:

My religious activities is something that is not allowed in the religion and something which is allowed. Our religion is like Muslim people, is not allowed to eat pork and it is not allowed to drink beer, alcohol beer and it is not allowed to go to club and something. Most of them don't follow the religion and they go to club and enjoy with the girls or something. Those people is like they are not following the religion (22, Somalia, SOC score: 67).

Based on his religious beliefs, Guhaad comprehends and manages his youthful life by abstaining from alcohol and sexual promiscuity. His religion provides him with knowledge of health promotive lifestyles as opposed to illness behaviours and this promotes his mental health and well-being as well as ensures a healthy physical growth.

In following religious practices, people sometimes go to great lengths to ensure the observation of religious rituals and doctrines such as traveling long distance (for example, Muslims all over the world journeying to Mecca), marrying from the same religious sect, and avoiding activities deemed unholy (adultery, fornication, alcoholism, and idolatry). In the case of

Najma, out of a strong desire to practice her new religion as a Jehovah's Witness, she fled to Canada from her persecuting Catholic family. She detailed her experiences upon deciding to practice her religious faith and it results:

Ooh yeah, physical abuse and also stopping me from going to their meetings (*refers to religious gatherings*). It became very very hard on me and I wanted to go. I didn't wanna stop, so that is why I decided to leave the country and set myself free of all of this... the spiritual effect, was good because I felt closer to God and I felt I wanted to do his will. So that is why I stood my ground and I didn't let them discourage me (69, Lebanon, SOC score: 65).

This immense feeling born out of a strong faith in God helped Najma to withstand religious-based persecution from her family. Given all the experiences she faced, Najma has developed a positive outlook about life concerning how to manage situations and draw meaning in every relationship. Thus, she clearly revealed how she felt about her family, "Although they were not too nice to me but I still miss them". Despite all the persecution she faced from her family, Najma has overcome and developed healthy emotional ties that put her mind at ease. This is characteristic of a high sense of coherence.

In contrast, having less or no involvement in religious practices or activities can relate to low manageability, leading to adoption of unhealthy ways to manage everyday challenges. As an illustration, Felicia described her lack of involvement in her religion and how that has shaped her life:

I am Catholic. I was baptized; I received my communion. I go to church every now and then but I am not like religious, religious. I'm not really practicing, the Christian faith or anything like that... I'm practicing sex before marriage; I'm living with my boyfriend. You know, all those stuffs that, they tell you not to do (27, Liberia, SOC score: 51).

Felicia disregards the positive influence of religion in her life compared to other participants. Her choice of lifestyle has led her to practices censured by her religion. Also, her choice of living with her boyfriend has caused a strain in the relationship with her brother. She reveals, "My

brother is like "if you with a guy and you guys aren't gonna be married, why you still guys together? Because I guarantee you in 2 years, that is what you gonna be looking for". In a research study on refugee parenting and adolescent well-being, Tingvold et al (2012) note that parents usually insist on their children's involvement in religious activities since they believe the positive effect it has on the children in choosing healthy lifestyles and associations. Relating Felicia's excerpt to Tingvold et al's (2012) findings, illustrates why parents of refugees and immigrants insist on their children's involvement in religious activities, especially during resettlement in host countries with different cultures.

Most participants expressed how upholding strong religious beliefs and participating in spiritual activities positively influence their outlook of life. Jacinto renounced his Catholic faith because of the injustices he witnessed and he later accepted the doctrines of the Mennonite Church. He expressed how his faith in God helped him to develop a practical perspective to deal with challenges which strengthen his conviction to remain optimistic in all situations:

The problem of the people who go to Church is that sometimes we want God to give us everything without any fault but it is not true. Jesus help you when you have problem, if you don't need nothing, why do you need someone who help you? You understand? If you don't need nothing, you can have a empty life. I mean the problems are a bit nothing in your life and when you have that problem and you say, "wow, now I need a help, God appear in your life" (39, Colombia, SOC score: 70).

The religious faith Jacinto has helps him to develop a practical perspective for dealing with everyday challenges which strengthens his conviction to remain optimistic in all situations. According to Isakson (2008), refugees who survived torture believe that enduring challenges are normal life cycles which ultimately grant God's favor and pave a way to better life. Thus, religious views motivate many refugees resettled in new societies to adopt sound coping mechanisms for managing stress despite pre-migration and/or post-migration challenges. In an

illustration of how religious faith promotes healthy lifestyles, Najma explained how she transformed her life based on the Bible:

Knowing the Bible helps a lot with solving problems in life and coping with them... so because I learnt the Bible and in the Bible we see that even Jesus Christ himself was persecuted and most of his disciples were persecuted. But this persecution did not stop them from believing in God and also it did help them to persevere and so I fashioned my life according to their life (69, Lebanon, SOC score: 65).

Her religious faith and belief in God helped to set clear goals and develop personal convictions that sustained her throughout daily trials and anxieties. As such, Najma shapes her life the best way to manage everyday stress she experiences through resettlement and now, old age.

Reflecting on the strongly held religious faith and/or spiritual beliefs of most participants reveals how religious involvement can act as a generalized resistance resource for refugees, helping them cope with day to day life challenges in Winnipeg in spite of past traumatic experiences from country of origin and other places. Faith and the influence of religion in people's lives form a generalized resistance resource that motivates people to manage stress and gain positive mental health and psychological well-being despite challenges.

4.3 Hope for the Future

Participants revealed deep seated hope for their future life, the future of their families, friends, and home countries, and a general hope for peace and security. A remarkable element exhibited by all participants is the strong desire and motivation to succeed in life. Participants expressed hope in the future for varying reasons such as happiness, success, peace, and security.

Desire for change in self, family, and friends

All but one participant was enthusiastic about what the future holds in terms of living in Winnipeg. They depicted an array of scenarios of what they expect the future to be; especially

for family and friends. Jacinto expressed a strong hope for his children to attain a better future full of happiness and good will:

I hope they can have the opportunity to choose anything they want to do in their life. I don't wish for her to get a doctor, a lawyer but I wish they can be happy with what they want to do... I want; they don't need a husband to live how they want. We come from countries where the woman don't have any opportunities so they have to stay with their husbands and if their husbands hit them, they have to be happy to because they usually don't work. They spend their lives taking care of children. I don't want that future for her. I want; they will be successful without a husband. A husband could be a adornment (39, Colombia, SOC score: 70).

Envisaging a future filled with opportunities for his daughters, Jacinto remains optimistic about life in Winnipeg and hopeful that his children can utilize the opportunities available to enhance themselves. For instance, he recounted how his children are coping with life in Winnipeg, "I think they are integrating in their school. Also they participating in some programs that IRCOM has". This hope for his children's future success sustains him to deal with challenges and still view life in Winnipeg as worthy. In line with Jacinto's excerpt, research on immigrant resettlement experiences reveals that most immigrant parents make sacrifices for their children during resettlement in host countries in order for their children to benefit from opportunities that were unavailable to them (Atwell 2009; Tingvold et al 2012; Shakespeare-Finch et al 2014). Such sacrifices are witnessed in the resettlement narratives of the parents in my study. This can be seen in how participants like Lwin struggles with care of his son suffering from Down's Syndrome, as well as Jacinto, who strives to provide his children's physical needs.

Some participants also mentioned future aspirations of helping family and friends obtain opportunities they are receiving in Winnipeg. Guhaad expressed how positive he is about life especially with everyday activities that are very important and pleasurable. Although he experiences feelings of inadequacy with learning English, he overcomes this challenge through

his inner strength and conviction to succeed and help others. He remarked, “I am planning one day when I get educated, finish university and get work, I will sponsor them (*relatives in Ethiopia*) and bring them one day here to get the way I get opportunity here”. Hence, having come to understand the opportunities that Winnipeg holds for him, Guhaad is managing his life by using the generalized resistance resources (education, health, and transportation) available to him in order to obtain a successful life in the future and also help others acquire these opportunities in Winnipeg. Dissatisfied with life, Felicia revealed her inner-most conviction to attain a state of future happiness:

I want to be somewhere not in Canada, somewhere in the developing countries working with women, that is all I want to do. I wanna tell them, it is okay to want more especially in Africa culture where it is patriarchy; I mean patriarchy is everywhere. African men are so annoying. I wanna tell African girls that it is okay to want more for yourself; it's okay for you to want it all. It is okay for you to say your life is not all about this, this is what I want for myself because I hate when people assume because I'm a girl, I want certain things, or I should want certain things because I'm a girl. I wanna be somewhere hot, working with women and like...yah (27, Liberia, SOC score: 51).

In considering Felicia's excerpt, her present unhappiness seems to incite her to plan a future where she can make a difference in the lives of African girls. Her future plans motivate her to adopt effective coping mechanisms (enroll in social work or gender and women studies courses) to enhance her education and help other African girls live a better life free from masculine domination.

Desire for change in home country

Participants expressed varying desires for change in their country's affairs. Six participants had optimistic views about the future of their country but the other two were pessimistic. As part of the optimist group, Alaba commented on a future hope for his country's financial stability, peace, and security:

Probably, I have hope in my country. I have hope in me that if I really get better in future, I will try my best at least help my country economically. Because like a country develops slowly. Slowly when investors put in something in it, if there are people who can back up the country. I have that hope in me (23, DR Congo, SOC score: 54).

Alaba wants to become financially successful in order to contribute to his country's economic well-being. The desire for a positive change in his country's affairs motivates him to manage available resources (financial support from Newcomer Assisted Program and Adult Education Program) effectively with the goal of a future career in plumbing. Guhaad also expressed a hope for his country to gain peace in order for development to take place:

Yeah, my hope is when my country becomes a peaceful country and get a good a president who gives us to everyone role and after that when my country become a peace, am gonna go back one time to help my country like to teach them a lot of things. And some people they don't know; some African countries have oil, and people who knows they have oil and something. And if you study here engineering or something, you can help them if you go back one time (22, Somalia, SOC score: 67).

Identifying his country's political instability, Guhaad hopes to make a difference as an engineer in the future by helping his country manage its oil resources. This hope motivates him to overcome challenges and anxieties of life in Winnipeg and helps him to enhance his life.

Likewise, Lwin expressed a hope for his country to regain peace and stability. He stated, "I have hope that they will be more better this coming November. They will have election in Myanmar, so I hope that they will have good election". In the case of Lwin, having a firm hope for a stable democratic system whereby free and fair elections take place, he looks forward for his country's political stability again. Similarly, Felicia expressed a future hope in her country's well-being as well as a positive change in Africa:

Yeah I do, I want for Liberia to improve. When my mom tells me about the Liberia they had when they were kids. I said, "Wait so you guys deliberately deprived us of a good life". My mom said before Liberians never used to travel outside Liberia and they used to import ice into the country for ice skating ring and all that stuffs. And imagine how hot;

Liberia isn't all that humid because there are lot of trees. But imagine we used to import ice for ice skating rings and all that stuffs. I want Liberia to get back to that point but more importantly I want for Liberians, the way they think to change. I want for the way Black people to think to change because I feel like part of the reasons why African countries are always going into war and all that stuffs is because we're not supporting ourselves (27, Liberia, SOC score: 51).

The hope for Liberia to gain prominence and peace motivates Felicia to cope with challenges and setbacks and helps her to rebuild her life by focusing on how she can assist Black women gain privileges and happiness in Africa. In expressing hope for Lebanon to gain peace once more, Najma generalized this hope to a worldwide peace based on her strong belief in God:

I hope but I don't know if this is gonna happen because knowing the Bible we know that the situation is gonna get worse all over the world and the only solution is in God's hand and the kingdom. The kingdom is the government by which God will solve the problem on the earth by means of his son, Jesus Christ. That is my hope. Yes, things will be better not only in my country; Lebanon but all over the earth. The Bible talks about many things even in details. For example, we will have peace, we will have security, we will have plenty to eat and war will be no more. No more fighting that is what I am excited about to see that there will be peace and security on the earth. (69, Lebanon, SOC score: 65)

Najma's faith in God motivates her to remain optimistic about the future despite anxieties and stressors of day-to-day life. The spiritual strength she gets from her religion helps her to see life worth living presently as well as in the future.

Contrary to the optimistic view of most participants in the study, two participants expressed negative feelings about the future of their home country. Maazin, who left DR Congo at age three with his family because of ethnic cleansing against his tribe, holds no hope for his country:

I hate to be pessimistic but so far with the way things have been if you go back ten years, actually 20 years in the past. It really doesn't look like it. Again, I really hate to be pessimistic, you know but everybody wants peace. You always have conflict which is impossible to resolve, so not really (23, DR Congo, SOC score: 54).

In analysing the worsening conditions of his country's political affairs, Maazin cannot hold any positive future hope for his country. This pessimistic outlook is a likely contributing element to the stress and anxiety he faces over his family's safety in a refugee camp. According to research studies on immigrants, harboring optimistic feelings about future stability and peace for home country provides an incentive to endure difficulties during the resettlement process (Atwell et al 2009; Borwick et al 2013; Shakespeare-Finch et al 2014). Hence, Maazin has difficulty dealing with stress and anxiety of resettlement life as compared to other participants (such as, Lwin, Najma, and Guhaad) who hold more optimistic views about their countries. Similar to Maazin's pessimistic view, Jamesha expressed how his country's future will worsen:

No, I don't think my country will be better anymore, from bad to worse; am sure. I am talking about Iraq; it will never be good. Yeah, because it is a question of Sunnis and Ansar. This will never finish. They will never agree, they are enemies in one religion or the other. And they are not educated people. They lost their humanity and there are many countries around Iraq involved in the civil war, they feeding the civil war. And the stupid people think they are helping Iraq. In fact they are firing Iraq (59, Iraq, SOC score: 54).

Describing the future of Iraq with such conviction indicates the lack of faith in the success of his country. His negative view of his country also contributes to how he manages challenges and anxieties of resettlement. For instance, he has lost hope in regaining a previous career in law due to rejection of educational certificate and helping his sons pursue their chosen careers.

In summary, a future hope for participants' lives, family, friends, and countries motivates them to deal with challenges and overcome anxieties in spite of pre-migration and post-migration experiences. This hope shapes their mental outlook positively which results in promotive resettlement experiences and healthy mental outcomes.

4.4 Educational Opportunities

Like most people, refugees to Winnipeg tend to view education as a key to successful outcomes. Participants in this study expressed the importance of Canadian education in order to access social services and facilitate the integration process into Winnipeg. For instance, participants with minimal amount of English are provided the opportunity to improve their language skills and become fluent in English and others use the educational resources to upgrade education and gain employment.

Means to English Competency

Most participants in this research equated learning English with education. Since all participants had received some basic education in their native language, learning English was a stepping stone to either seek higher education or find employment. For instance, Guhaad, a Somali refugee who lived in Ethiopia for over 18 years communicated in Amharic, Oromo, and Somali. Since the official languages in Canada are French and English, he strives to learn English in order to communicate with others and pursue higher education:

I learn a lot of things that makes me happy. Before I came here, I haven't use to speaking English well and when I came in here I speak clear a lot of things English. I have been here 4 years and I use to take so many courses, start from grade 9 and I start speaking and I meet students like classmates, student like friends at school. And we use to practice each other inside the class English and I start speaking English with the student. And I learn more English and communicate with different people. And I coming to NEEDS Centre to get my homework done (22, Somalia, SOC score: 67).

Like Guhaad, most refugees living in Canada strive to become fluent with English. This is seen in a number of English language programs, such as ESL (English as a Second Language) and Adult EAL (English as an Additional Language) programs, organized for immigrants. It is estimated that about 27.5 per cent of Canadian immigrants in 2012 neither spoke English nor French, and the 56 per cent who had knowledge of English (CIC 2013) must be interpreted with caution (knowledge of official languages should not be equated to fluency) since such reports are

self-reported (Bowen et al 2010). Hence, newcomers with minimal English are given the opportunity to learn English in order to find jobs and schools, access services, interact with people, and obtain Canadian citizenship (CIC 2014). Although learning a new language poses challenges, Guhaad is enthusiastic about learning English in order to discover new things and communicate with others. This helps him to comprehend, manage, and derive meaning from his environment. Najma expressed similar sentiments, “I started to learn English little by little on my own because I didn't know English. I had to learn on my own from TV, from hearing people speaking and also our religious meetings”. When asked why she had to learn English without taking English courses, Najma remarked that it was more fascinating to discover new things on her own and she found listening to the TV was helpful. The enthusiasm for learning English helped her to overcome challenges associated with learning a new language. Jacinto also expressed a unique way of coping with the stress of learning English:

Now we live here (*refers to IRCOM*), everyone is learning English like me. Maybe a lot of people speak Arabic, I don't know but we can understand and you feel confident about speaking with them because they have the same mistake you have. They can understand, we can understand in our problems (39, Colombia, SOC score: 70).

The realisation that learning English is a collective endeavor reduces the challenges in communication and helps Jacinto to understand the normalcy of making mistakes while learning. The capacity for an individual to survive and find meaning in life depends on how “the individual can understand his own experience and gauge his own fate only by locating himself within his period that he can know his own chances in life only by becoming aware of those of all individuals in his circumstances (Mills 1959: 5). Thus, knowing that there are others who experience the same challenges, helps Jacinto manage the stress of learning English.

However, learning English and being fluent to the point of earning a job poses challenges for almost all participants. There were others who did not manage the stress of learning a new

language as positively. Consider the case of Maazin who narrated challenges he encountered as a result of an English language proficiency test:

I have had one that I was kind of disappointed but then yes it was hard to connect with them because they kept telling me...I was going to Manitoba Start to help me get a job. And mind you I was a student then. They said I needed a language proficiency test and that am not good in English before they could help me. And then I went to the other one like the Immigrant Centre. And they said my school and don't have that since am going to the university. They were kind of sending me back and forth. It was really not helping me at that point (23, DR Congo, SOC score: 54).

Maazin had to contend with the challenge of proving his English competency in order to find a part-time job while studying in school. The delays he encountered with the institutions (Manitoba Start and Immigrant Centre) affected his ability to deal with the employment situation and also made him view the incident as a disappointment. The frustration most immigrants face with achieving language proficiency in host countries causes stress and anxiety (Atwell et al 2009). Similar to Maazin's experience is the disappointment expressed by Jamesha when he realized that his previous educational certificates will not be recognized:

I wanna be a lawyer, but now I spent more than 3 years without nothing. I feel like I am fed-up with everything waste. Now am very old; even if I study now, I will not get a job because they prefer young people (59, Iraq, SOC score: 54).

Jamesha spent the first three years of his life in Winnipeg seeking recognition of his previous Masters in law certificates without any success. Now, he has resolved not to pursue his law career since he cannot handle the stress of learning Canadian law given his age. This situation has caused him to comprehend, manage and find happiness in life less effectively.

According to a number of research studies on immigrant resettlement, challenges with English disrupt other areas of life such as gaining information about health, higher education, employment, social recognition, and law (Atwell et al 2009; Mckeary and Newbold 2010; Dean and Wilson; Shakespeare-Finch et al 2014). The above analysis indicates that participants who

utilized effective management skills (developing enthusiasm in learning and understanding challenges with learning English as a collective problem) adopted successfully and developed healthy mental attitudes to manage challenges and anxieties associated with learning a new language. Similarly, Ying and Akutsu (1997: 137) state that “effective communication increased one’s ability to successfully negotiate one’s environment (i.e., increased one’s sense of coherence) which likely decreased feelings of demoralization”. In the case of participants like Maazin and Jamesha, challenges in attaining language proficiency and recognition in Winnipeg are likely causes of negative resettlement experiences and poor mental health.

Means to Earn Employment and Achieve Future Goals

Newcomer immigrants recognize advantages attached to pursuing advanced education or specialized training in host countries despite the challenges of resettlement (Ying and Akutsu 1997; Atwell et al 2009; Shakespeare-Finch et al 2014). My participants expressed different reasons for pursuing education in Winnipeg, although some participants had already gained specialized training in a field of employment. Guhaad pointed out how Winnipeg helps him achieve his future goals and ambitions:

I see here is more better than my life back home. We don't have more technology there. When you want to use computers or other technology there, you have to go outside the school and pay money to use the computers. But here, you get more opportunities to use computers at the library, everything (22, Somalia, SOC score: 67).

Coming from a third world country which has limited access to infrastructure and technology, Guhaad identifies the potential of available computers and other technologies to aid in his future career as an engineer. He uses these as generalized resistance resources with which to manage his present situation (learning English to acquire knowledge) and draw meaning out of life which

has a positive influence on his sense of coherence. Elsewhere in Alaba's narration, he explained the importance of education, equating it to family support and work:

I was like this is the country of opportunity whereby I will study, make my family happy, and help the people back home. So when I reached here, my focus is to study, work hard, help my family and help the others because I was helped. Canada helped bring me here, so I have to help (23, DR Congo, SOC score: 54).

Alaba comprehends the opportunities presented to him in Winnipeg to learn, excel, and achieve a career as a plumber in order to support his family. Not only does he appreciate the opportunities to improve his life, he manages the available resources (educational opportunities, employment prospects, food, transportation, and health) efficiently in order to attain a future goal of resettling his extended family in Canada. Similar sentiments are expressed by Maazin towards World University Service of Canada for altering his life course to a positive path through university education:

WUSC, they have honestly been amazing. It is the only organisation that does that in the world; I think. They have their model saying, "Education Changes the World". And I am like one of their many beneficiaries, it is amazing and it also depends on the schools you are sent to because I know U of M is a big campus. They usually sponsor people for like 2 years. They were really helpful, they usually have things to help new arrivals who are students like first week, first month, first semester, second semester and by the end of the year they have things to accomplish to ensure full integration of new students. They did go through that with me and they called me one year after and I told them I was ready and I received the help I needed (23, DR Congo, SOC score: 54).

The educational support Maazin received has impacted his life greatly to an extent that he sees his new life in Winnipeg as stable and peaceful. Not only did WUSC help him through education, but they supported him during resettlement into Winnipeg. Now, Maazin is looking forward to gaining Canadian citizenship which will help him to speed up the immigration process of resettling his family, who are in the refugee camp in Malawi, in Winnipeg.

Given all the challenges that come with learning a new language during resettlement processes an individual needs supportive systems to help cope or manage stressors and anxieties. Lwin and Jacinto who have the highest sense of coherence in the current study endure difficulties in changing career plans to suit available employment:

I want to go into education but I can't because of the English... now am learning and in grade 11, so may be when I finish I will like to join college... And I like to do the government work, so any office work (27, Lwin, Myanmar, SOC score: 74).

Yeah, I want to take some training, trade because what I know doesn't work here. I studied law so I have to take my knowledge and throw to the garbage because it doesn't work here (39, Jacinto, Colombia, SOC score: 70).

Lwin comprehends the need to learn English in order to seek higher education and fulfill future employment goals. Likewise, Jacinto strives to acquire specialized training which will help him obtain employment. Ordinarily, individuals with high sense of coherence comprehend their new environment, use available resources to navigate, and draw meaning out of actions (Ying and Akutsu 1997; Griffiths et al 2011). Thus, desire to make changes (gain effective English skills and specialized training for employment in the trades) in order to gain employment helps Lwin and Jacinto understand their present situation and cope with challenges and setbacks. This however, depends on the availability of generalized resistance resources to deal with stressors and anxieties of life in Winnipeg.

Yet, not all refugees successfully manage employment challenges in their host countries. Consider the case of Jamesha who struggled to be recognized as a lawyer in Winnipeg. He recounted delays from Manitoba Start when he wanted recognition for his law certificate:

What happened to me when I came here is because I was a lawyer and my level in the bench mark when I made the test was eight. So when I asked, they (*refers to Manitoba Start*) told me to go to Russell: "There is office there, you can ask them (*refers to Russell*) to get you certificate; to get recognition to be a lawyer". After two years I sent an email and I paid money for the fees and asked them what happened to my request. It has been

more than two years. They told me, "Ooh, we checked it but your certificate, your last name is different from your passport". I went to an office on Portage and they changed my last name to make it suitable to my certificate. And I sent it to them (*refers to Manitoba Start*) and then they told me, "You should send letter to your university and they will send us a letter to prove that you are really graduated" ... This is a great problem here. It is not difficult to get recognition but it is difficult to be on the right way to get recognition. Canada thankfully, has made everything available to support people who want to get recognition. But the problem is that, the people who are working in these organisations, like Manitoba Start, like Manitoba University, like Winnipeg University, like Russell, like Ministry of Education, like everything; all of these are not good people. They are not serious; they are not and they don't care. And all the processing takes a long time. Everybody gets frustrated. Why is it like this? (59, Iraq, SOC score: 54).

In analysing Jamesha's excerpt, we notice his persistence to be recognized as a lawyer. His frustration stems from difficulty in obtaining recognition for his previous educational certificate and long wait times. This has negatively affected his level of manageability and positive view on life because of the perception that some institutions (Manitoba Starts, Russell, University of Manitoba, and University of Winnipeg) are not helpful in contributing to positive resettlement experiences. Similar to such experiences causing low sense of coherence in Vietnamese and Cambodian men, Ying and Akutsu (1997: 136) note, "an ever-increasing inability to perceive the world as comprehensible, manageable, and meaningful because of insurmountable hardships and the loss of social status upon arrival in the United States". In effect most refugees face problems of learning an official language and gaining recognition with their home countries educational or employment credentials leading to potential mental health problems (Akutsu 1997; Atwell et al 2009).

4.5 Employment Prospects

A number of research studies on refugee resettlement experiences highlight refugees prioritizing employment as a major resettlement need in host countries (Ying and Akutsu 1997; Masinda and Kambere 2008; Atwell et al 2009; Pahud et al 2009). My participants likewise

indicated the importance of employment in fulfilling basic needs, especially the ones (Lwin and Jamesha) who were unemployed.

Means to sustain life

Some participants expressed the conviction in the capacity of employment to alleviate challenges and provide opportunities to manage life in Winnipeg. In effect, they described how meaningful employment can act as a generalized resistance resource. Consider how employment ensures human dignity and sustains the lives of people as commented by Jacinto:

You can find a job, it no matter if it good job. You know, in Colombia you need to be a doctor to feel dignity. No, here it is different. I am working as a cleaner, it is not a big job but it is enough for me now. In the morning, I go to school, I can take English classes. After that, I go to my job. I come feed my family; she is pregnant, waiting a new baby. I don't have too many concerns about that because the life here is different. You know, maybe (39, Colombia, SOC score: 70).

Jacinto related the dignity he attaches to working as a cleaner and how this helps him develop feelings of self-worth. He appreciates the fact that his job allows him to support his family which reduces the stress of thinking about how to meet the needs of his family. Employment plays a supportive role in helping refugees manage their lives in new societies. In response to the current situation in country of origin, Alaba compared life in DR Congo to Winnipeg and detailed how one can excel in both places through hard work. As an illustration, he recounted a conversation he had with a friend in DR Congo to show the importance of hard work:

Recently I was talking to my friend back home and he is like, “You guys are lucky”. And I was like, “We are lucky, what do you mean?” He told me life has become a problem; like back home, people are really doing things that are crazy. Somebody may just kill someone because of maybe food, which is like if a country reaches that extent that means the situation is worse. Like he is telling me life has become hard; jobs are not there, people don't have money, you know. Let me just say things have become hard. So I was like, well things have become hard but even here things are hard because if I don't work hard here, I can't get anything. If I don't wake up early in the morning to go to school, just stay home in bed, stay and do nothing because this school am going today will help me

tomorrow. The job am doing today, provides me with something at least to put in the pocket. So I think the situation is just working hard (23, DR Congo, SOC score: 54).

Alaba comprehends the importance of working hard in order to manage life irrespective of where a person lives. This positive outlook motivates him to utilize available resources to manage his life and view every situation as worthy. Najma also detailed how she spent 34 years of her life in Winnipeg after she learned English:

I got a job in an office and then after that I got another job. I worked few years until my grandmother got sick and she asked me to quit my job to look after her, and so that is what I did... My plans now is to continue doing what I'm doing and that is to study the Bible with people, whoever is interested in studying in 2 languages, Arabic and French (69, Lebanon, SOC score 65).

Throughout her stay in Winnipeg, Najma sustained herself by working and gaining financial support to cater for her needs. This helped her to manage and form meaning out of her resettlement in Winnipeg. Even after retiring, she still finds meaning in voluntary work to help people study the Bible. As such, for some refugees, employment clearly serves as a generalized resistance resource.

On the other hand, refugees with advanced educational certificates from previous countries, especially developing countries usually encounter challenges and delays when seeking employment. For instance, Jamesha expresses frustration because his sons' educational credentials are not recognized:

My greatest challenge is that to my sons is to get a recognition. My elder son is engineer, the other one is a lawyer and they are frustrated and they are leaving Winnipeg now. They are leaving; they say, "We spend one year now with nothing". So they are leaving Winnipeg and I tried my best to keep them with me and they said, "We spend one year here and nobody help us get a job; nobody help us to get a recognition. So let us try our choice in another province" (59, Iraq, SOC score: 54).

Apart from Jamesha being unrecognized as a lawyer, he struggles with the problems of his sons not gaining employment due to their credentials not being recognized. Jamesha harbors feelings

of unfair treatment about Winnipeg not helping him or his sons to attain successful employment. He feels that daily activities are meaningless because they do not lead to achieving goals in life. Finally, he finds his life difficult to manage because of disappointment with others and feelings of inadequacy caused by his current situation in Winnipeg. In all, analysing participants' narratives show employment as an important generalized resistance resource which ensures stability and manageability of day to day challenges of sustaining life.

Summary

The eight participants came from diverse backgrounds, cultures and political events which attest to the heterogeneity of the refugee population in Canada. Yet, most participants share common feelings of how they like their present resettlement conditions in Winnipeg. They identified the influence of existing resources, such as education, employment, housing, and health care that made life comprehensible, manageable, and meaningful. Participants expressed feelings of hope, peace, and security for staying in Winnipeg. Almost all participants recounted the opportunities that Winnipeg provides to make one's life meaningful and happy as compared to life "back home", which was filled with anxiety and uncertainty:

Winnipeg is the country that has given me the right as a human because back home, no right, no human right. If somebody wants to abuse you, he will abuse, if somebody wants to do this on you, he will do it. But right now I feel am safe on that side (23, Alaba, DR Congo, SOC score: 54).

To understand Alaba's excerpt, we need to consider his pre-migration experiences whereby he had to flee from Congo for Uganda with his family at a very young age. His life was filled with difficulties, disappointment, and lots of sacrifices to protect others he loved until his resettlement to Winnipeg. Now, living in a country where political stability and peace is enforced, he comprehends the opportunities such an environment offers and develops confidence in using the

existing generalized resistance resources (education, employment, transport system, and housing) to manage his life. Similarly, Najma pointed out the resources that make living in Winnipeg supportive:

Yes, of course. I am easy going by nature and very content with my life. I don't really need much and so I find living here in Canada very good in a sense because we have all we need around us and things, you can get things cheap, second hand, you know. So you don't have to make big salary to buy things, yeah. So life is affordable, I will say (69, Lebanon, SOC score: 65).

In analysing the reasons and resources Najma listed as supporting life in Winnipeg, there is an understanding that the basic human needs are available and affordable. In the hierarchy of human needs, individuals readily prioritize physiological needs to satisfy basic human wants such as hunger, thirst, and bodily comforts because of the instinct to survive by using such resources as coping mechanisms (Maslow 1971). Likewise, Winnipeg refugees identify resources that fulfil their basic human needs to facilitate health promotive behaviours and lifestyles in their resettlement experiences. Jacinto also expressed a strong conviction to succeed due to the opportunities Winnipeg holds:

We are safe and you can think about what goal do you want to get and you can try to get it. In Colombia, you have goals but you can't get them. It is almost impossible. I want to get a good job but you know, everything is in the future because our present is a present of fight. Fight against our self, a fight against weather that is our present. But I told you before, I think I am or I have a very strong character. Maybe I don't want to fail (39, Colombia, SOC score: 70).

Acknowledging the safety environment of his surroundings, Jacinto concentrates on his present condition of dealing with the harsh winter weather and finding a job. This helps him to develop the ability to comprehend the opportunities Winnipeg holds to better his life. A significant point worth considering is that, Najma and Jacinto have strong personalities and confidence in making life in Winnipeg meaningful due to the available generalized resistance resources (family,

friends, food, housing, education, and employment) that help manage anxieties and challenges.

Thus, confidence in existing resources linked with higher sense of coherence and successful resettlement. Consider the contrasting case of Felicia who dislikes living in Winnipeg:

There is really absolutely, in my opinion nothing to do in Winnipeg. Everybody is secluded; everybody is just doing their own things... I just go to school, work and home, just that. I am just home. There is really nothing so interesting about Winnipeg that like when people come; my brother from the States came to visit. We took him to the Forks and there is so many times I can go to the Forks. We've lived here for 11 years, you know. The Forks, I have seen everything it has to offer and every time someone comes to visit that pretty much the only place we have to take them. Let's go to the Forks and if you don't come in summer, you can't even ride the river boats or anything (27, Liberia, SOC score: 51).

Felicia's pre-migration experiences filled with luxury and post-migration experiences have shaped her understanding of what constitute basic human needs. Although there are available resources to help her develop confidence and predictability in the environment, she has to comprehend these resources and their purpose. Comparing Felicia's situation to Najma's shows divergent views on how they identify resources that helps in fulfilling basic human needs. Thus, an inability to identify, comprehend, manage, and form meaning out of available resources shapes a low sense of coherence, which affects mental health and well-being and resettlement.

An optimistic outlook toward Winnipeg by more than half the participants indicated their hope and confidence in the generalized resistance resources (such as education and employment opportunities, recognition of human rights and dignity, stability, security, and peaceful conditions) in managing everyday challenges to promote positive mental health and well-being. Hence, almost all participants have developed a healthy mental perception of Winnipeg, which set their minds at ease to cope with daily stressors and anxieties in order to achieve their goals in life.

CHAPTER FIVE

5.1 Discussion

The aim of this study was to identify generalized resistance resources, in the form of salutary factors, refugees in Winnipeg utilize to cope with daily anxieties, and stressors to promote mental health and psychological well-being. To accomplish this task, refugees' narrative accounts of their lived experiences were analysed using Antonovsky's (1979; 1987; 1996) salutogenic framework, which revealed specific coping strategies and resources Winnipeg refugees rely on to survive and draw strength to manage resettlement stressors and anxieties. As pointed out by Antonovsky (1993), the uniqueness in salutogenesis as a theory lays in its ability to identify resources that people adopt to cope with stress in a health promotive manner. The study's focus was on understanding why some refugees in Winnipeg remain mentally healthy while others do not. According to Eriksson and Lindström (2006: 376), "Sense of coherence is a resource that enables people to manage tension, to reflect about their external and internal resources, to identify and mobilise them, to promote effective coping by finding solutions, and resolve tension in a health promoting manner". As we have seen, generalized resistance resources can be material (e.g., education, employment, income, housing, and health care benefits), emotional (e.g., love and care from family and friends, and desire to succeed), and existential (e.g., faith and belief in God, hope in the future, human dignity, and peace and stability) (Antonovsky 1979; 1987; Eriksson and Lindström 2006; Griffiths et al 2011).

The five thematic types of generalized resistance resources that emerged from the interview accounts as salutary were: support from macro and micro levels of interpersonal relationships; religious activities and spiritual faith; hope for the future; educational opportunities; and employment prospects. The generalized resistance resources identified in this

study strongly resonate with previous refugees studies on mental health and psychological well-being; especially studies that utilized a salutogenic orientation (Ying and Akutsu 1997; Krizmanic and Kolesaric 1996; Almedom et al 2007; Isakson 2008; Atwell et al 2009; Griffiths et al 2011; Elmeroth 2011; Al-Mashat 2011; Borwick et al 2013; Marlowe 2014; Shakespeare-Finch et al 2014).

The macro level interpersonal relationships identified by this research play an essential role in the positive resettlement experiences of participants. On two levels participants identified government support and support from organisations and agencies as important health promoting resources during resettlement processes. Governmental support systems were indicated as fulfilling basic human needs in terms of health care, housing, food, security, and political stability. An effective support system has the capacity to provide adaptive coping strategies for refugees to deal with resettlement challenges while promoting self-esteem, confidence, and sense of control (Harrop et al 2010). Participants who benefited from government support exhibited high levels of manageability to deal with resettlement anxieties and challenges. As one participant with the highest sense of coherence indicated the benefit of government support in his son's health, another participant with a lower sense of coherence disclosed perceived inadequacies with specialized health care and its influence on his health. In a Canadian study on health improvement and declines among immigrants, Dean and Wilson (2010: 1223) note that, "nearly all participants (20 out of 23) expressed negative views about the health care system in Canada ranging from difficulty in finding a family physician, to long wait times and to dissatisfaction with services". However, participants in this study, with the exception of one, expressed no barriers to the formal health care system in Winnipeg. In effect, my research findings do not support the negative views against the health care system in Canada. Most of my

participants developed confidence in the availability and accessibility of existing resources in providing for their basic needs.

Refugees in the current study experienced pre-migration conditions such as religious persecution, war, civil strife, harsh life in refugee camps, separation from family members, and loss of wealth. In comprehending the peace and stability that Winnipeg offers, participants developed positive outlooks about present conditions. All participants with the exception of one compared their past experiences to present experiences of life in Winnipeg to indicate how peaceful, stable, and secure Canada was supporting people from diverse backgrounds. In analysing the strength and adjustment of refugees from Burma settled in Australia, Shakespeare-Finch et al (2014) purport that refugees focus on “personal growth” as part of coping with resettlement. The motivation to survive and excel in life was likewise identified among the refugees in Winnipeg I interviewed and elements of inner strength and conviction allowed the utilization of resources to have a positive influence in their present lives. A participant from Lebanon expressed how Canadian political governance ensures peace and security in all her 34 years of living in Winnipeg and the affordability and availability in the provision of basic human needs (food, water, and housing). A significant hallmark in identifying successful resettlement experiences is “a refugee’s subjective sense of his or her world as comprehensive, manageable, and meaningful” (Ying and Akutsu 1997: 135). Participants’ resettlement narratives were filled with available resources and opportunities that make life in Winnipeg worth living.

The refugee serving agencies, organisations, and institutions (i.e., NEEDS Centre, Welcome Place, IRCOM, YMCA Winnipeg, Mount Carmel Clinic, WUSC, and Winnipeg community Churches) contribute to successful resettlement experiences and integration into Winnipeg society. Refugees are provided with salutary assistance in the form of learning

English, accessing social services (transportation, housing, health care, recreation, and education), and providing integration programs (workshops and seminars on basic life skills in Winnipeg). Refugees benefit from learning basic skills such as how to save and deal with Canadian money, prenatal and postnatal care for pregnant women, and gaining educational and employment opportunities. Masinda and Kambere (2008) list immigration information, EAL (English as an Additional Language), and employment as settlement services frequently utilized by African immigrants and refugees in the Vancouver metropolitan area. Refugees' positive mental health and well-being is dependent on an environment where salutary factors permeate all aspects of society and provide opportunities for individuals to utilize resources to discover their full potential (Ying and Akutsu 1997; Eriksson and Lindstrom 2006; Atwell et al 2009; Borwick et al 2013). Many of my participants have developed confidence in obtaining services from such organizations to manage daily living in Winnipeg. Atwell et al (2009: 691) note that, "resettlement programs that provide refugees with an understanding of the social and bureaucratic systems in their new environment, and services which respond in consistent and comprehensible ways are key to" building mentally healthy lives. In effect, supportive macro level systems function as generalized resistance resources and greatly affect individual refugees' sense of coherence, which in turn, promotes positive resettlement and mental health and well-being.

At the micro levels interpersonal support systems comprised of families and friends were identified as providing support during times of distress, which strengthen participants' abilities to cope with anxieties and stressors. In providing love, encouragement, companionship, and loyalty, families and friends help refugees to comprehend their situation, manage problems, and make meaning out of challenging situations (Griffiths et al 2011). They contribute to participants

developing confidence in their internal and external environments, which serves to facilitate the sense of coherence. Specifically, “people with high sense of coherence seem to be more resilient under stress than people with low sense of coherence” (Eriksson and Lindstrom 2006: 377). An important element identified within families is the role of transmitting cultural values and norms. Two participants from Congo and Somalia expressed how their families encourage and support them in acquiring morals and values that guide them in choosing healthy lifestyles and associations. Tingvold et al (2011) emphasize the significant role refugee parents and extended families play in ensuring children acquire positive morals and cultural values to make good choices in host countries. An important point the Colombian refugee highlighted was emotional support from his family and friends and how this support has a stress and anxiety reducing effect. Importantly, “being part of a social network and having close ties to family and friends provide us with social support that enhances our sense of self-worth and the resources that we have available for dealing with life’s challenges, and it results in health benefits” (Segall and Fries 2011: 259). Participants who receive support from family and friends were able to manage stressors and anxieties while, at the same time, form strong attachments with the Winnipeg community.

Notably, participants in the current study did not access formal mental health care services. They were however, aware of the availability and accessibility of such services. One participant from Liberia attributed the unwillingness to access formal mental health care to the rigidity and cultural inappropriateness attached to services. This sentiment resonates with a number of Canadian health studies where researchers criticized the biomedicalized nature of the formal health system in discrediting indigenous knowledge of healing (Summerfield 1999; Bowen et al 2010; Mckeary and Newbold 2010; Dean and Wilson 2010; Simich et al 2010;

Karachiwalla 2011). As a result, the preferred channel for refugees dealing with stress and trauma appears to be communicating their feelings in an informal setting with families and friends who have their trust and with whom they share intimate relationships. This channel of dealing with stress helps Winnipeg refugees comprehend their present situation, develop high levels of manageability, and a sense of control to cope with challenges, and still view life as worth living. Thus, families and friends must be recognized as providing informal but crucial mental health support to refugees, which promotes positive resettlement and mental health.

The influence of religious activities and spiritual beliefs as generalized resistance resources among Winnipeg refugees is congruent with previous research (Masinda and Kambere 2008; Isakson 2009; Tinvgold et al 2012; Borwick et al 2013; Shakespeare-Finch et al 2014). Religious beliefs and faith provide support and strengthen my participants to deal with challenges they encounter as part of the resettlement process. Religion serves as an important coping resource, especially among traumatized refugees (Pargament et al 2000; Pahud et al 2009; Al-Mashat 2011). Recall that several participants' narratives emphasized the strength and assurance they received through their faith during hardships. These spiritual supports are consistent with Shakespeare-Finch et al's (2014) research on Burmese refugees coping and posttraumatic growth wherein refugees expressed how their strong faith in God strengthened their conviction to stay alive and helped in overcoming adversity. Another health promotive aspect of religion is the motivational strength refugees draw upon in focusing on future rewards and prosperity in host countries (Pargament et al 2000; Brune et al 2002; Dorais 2007). This allows refugees to develop meaning from present life and focus on future aspirations where life seems brighter. For instance, the Lebanese refugee recounted a better life that the Bible talks about and how this has helped her to fashion her life in a healthy way.

In the course of celebrating religious activities and festivals, there is the promotion of cultural continuity whereby families strengthen their bonds and create a sense of belongingness. Similarly, Tingvold et al (2012) emphasize the importance of religious activities whereby refugees socialize, transmit cultural values and morals, and reinforce family unity. The creation of self-worth and sense of belongingness directly affect the sense of coherence (Antonovsky 1979; 1987; Hood et al 1996; Griffiths et al 2011). This was confirmed as I compared the participant from Lebanon who developed strong religious values to participant from Liberia who had no such values and instead adopted unhealthy coping behaviours such as abortions and early age sexual intercourse and promiscuity. Importantly, the strength of a person's sense of coherence "facilitates the selection of appropriate and efficacious coping resources and behaviour in addition to increasing the extent to which tension states are perceived as comprehensible, manageable, and meaningful" (Richardson and Ratner 2005: 980). In a secular context, religion is often criticized as socially and culturally divisive (Segall and Fries, 2016). However, as an important counterweight to these criticisms, this study shows that religious attachment and belief often function as generalized resistance resources, which are fundamental to refugees' successful resettlement. This confirms the positive impact of religion in promoting salutary elements to help refugees manage daily challenges and anxieties.

All participants in the current study were motivated to endure challenges and setbacks due to an optimistic hope for the future. Given the lack of control earlier in life, refugees are strengthened to look towards the future where they are empowered to face challenges and overcome anxieties (Borwick et al 2013; Shakespeare-Finch et al 2014). Participants harbor optimistic goals for personal future success as well as prosperity and goodwill for families, friends, and home countries. Borwick et al (2013: 101) emphasize that, "refocusing thoughts

onto achieving positive future goals also enhanced the individual's ability to make meaning from adverse situations by positioning these experiences as a necessary step leading to future successes". Most of my participants viewed present resettlement challenges as necessary and that overcoming the challenges will lead to successful future conditions. Hence, participants were motivated to comprehend, manage, and predict meaningful outcomes for the future.

From the narratives, it emerged that most participants equated English language competency with education and the means to employment, as well as achieving future goals. Previous research on refugee resettlement experiences highlights the importance of acquiring the host countries' language to enhance integration into new societies and ensure access to social services and other important resources (Ying and Akutsu 1997; Masinda and Kambere 2008; Atwell et al 2009; Simich et al 2010; Elmeroth 2011; Shakespeare-Finch et al 2014). Education as a generalized resistance resource serves to assist participants to comprehend, manage, and form meaning in their new society. Although participants related challenges with learning English, some participants overcame these challenges by developing enthusiasm for discovering and also understanding their new society, as well as understanding language acquisition challenges as a collective problem rather than an individual burden. Participants who most successfully overcame challenges with learning English had a higher sense of coherence compared to participants who did not. Gaining mastery over English had another advantage of helping participants to understand and manage their new environment, which, in turn, enabled utilization of social services. Although participants were willing to learn English, there was a vital point raised concerning the lack of recognition of educational certificates. Previous refugee resettlement studies identified lack of social recognition in terms of education and employment credentials of refugees past as integration problems that cause stressors and anxieties for

refugees settled in Western countries (Ying and Akutsu 1997; Atwell et al 2009; Pahud et al 2009). This makes it difficult for participants to manage and make a meaningful life in Winnipeg.

Employment as a generalized resistance resource was interwoven with education and considered as the capacity to gain a sense of control and manageability to deal with resettlement challenges while moving toward future goals. Participants viewed employment as a means to support self, immediate and extended families, and friends who depend on them for survival. A number of refugee resettlement studies have documented how refugees prioritize employment as the leading concern in host countries (Ying and Akutsu 1997; Masinda and Kambere 2008; Pahud et al 2009; Atwell et al 2009; Al-Mashat). In reviewing Al-Mashat's (2011) research on Iraqi refugees' resettlement experiences, he reports that participants viewed employment as critical in providing income, a better life for their families, and opportunities to enjoy life in Jordan. Similar to this study's findings, there were aspects of human dignity and recognition attached to employment and these were also critical to participants. As one participant valued the human dignity attached to employment in Winnipeg, another participant expressed the lack of recognition for credentials earned in country of origin to gain employment. This resulted in the experience of self-worthlessness and hopelessness. Antonovsky sought to explain how social conditions and services can influence access to resources that fortify human growth, and championed the creation of salutary societies wherein genuine care and concern help to strengthen a person's sense of coherence (Antonovsky 1979; 1987; Eriksson and Lindstrom 2006; Atwell et al 2009). Hence, refugees' positive resettlement experiences are dependent on both supportive social systems and acquired knowledge of refugees. A participant from DR Congo expressed the hardships and stressors attached to his work, and how that influenced his

mental health. It is possible to relate his narrative to Eriksson and Lindstrom's (2006: 377) explanation of low sense of coherence, in which they note that "sense of coherence is strongly and negatively associated with anxiety, anger, burnout, demoralisation, hostility, hopelessness, depression, perceived stressors, and post-traumatic stress disorder". Participants who demonstrated high sense of coherence had confidence in employment as providing for their family's needs and experienced feelings of dignity while employed.

In conclusion, the five themes that emerged as generalized resistance resources (support from macro and micro levels of interpersonal relationships; religious activities and spiritual faith; hope for the future; educational opportunities; and employment prospects) sustain and strengthen Winnipeg refugees to manage stressors and anxieties despite resettlement challenges and anxieties of daily living. These resources served to preserve the mental health and psychological well-being of the Winnipeg refugees with whom I spoke. However, some participants lack confidence in the available generalized resistance resources to comprehend, manage, and draw meaning out of life and this attends low sense of coherence. Antonovsky was well aware of the impact of social conditions and policies on individuals' general well-being (Antonovsky 1987; Eriksson and Lindstrom 2006). The solution was for societies to be tolerant and generate salutary factors that ensure diversity in welcoming new ideas, cultures, and backgrounds and provide a public system that was impartial and support the health of immigrants (refugees) (Eriksson and Lindstrom 2006; Atwell et al 2009). In order to ensure the development of high sense of coherence leading to positive mental health and well-being among all refugees in Winnipeg, measures have to be put in place to enforce supportive resettlement policies.

5.2 Policy Suggestions

This research identifies relevant avenues to promote refugee mental health and can also contribute to current resettlement policies. The suggested policies are: additional support for the resettlement of entire families where possible; recognition and facilitation of informal and culturally appropriate mental health care provided by friends and family; support for faith based community organizations; and motivational support for EAL and language instruction.

Resettlement policies on immigrating entire families should implement additional support in order to expedite refugees' successful integration into communities. This is important because refugees who do not have support and encouragement from families are more at risk of integration problems and developing resultant mental health problems. For instance, in Maazin's narrative, we can identify a future plagued with uncertainties and anxieties over his family's well-being. During the interview, Maazin had a disturbed look on his face whenever he mentioned his family in a refugee camp in Malawi. Separation from his family has disrupted his resettlement experience to an extent that he is uncertain about everything in his life (for example, prolonged uncertainties of pursuing dentistry as opposed to a paramedic career). In congruent with a study on resettled refugee families and their children's future, Atwell et al (2009: 686) noted that "The sense of belonging nowhere, of a liminal existence in which many resettled families live whilst separated from their relatives can have deep and lasting ramifications". Clearly, one way to help Maazin is to reunite him with his family. According to the *Immigration and Refugee Protection Act* (2015), one of the humanitarian objectives toward refugees is to "support the self-sufficiency and the social and economic well-being of refugees by facilitating reunification with their family members in Canada". Based on some participants' experiences of prolonged waiting periods to be reunited with families, I suggest that reunification with refugee

families must be expedited in order to avoid stressors and anxieties, which likely lead to poor mental health.

Another plausible avenue for ensuring positive mental health in refugees is to recognize and facilitate informal and culturally appropriate mental health care provided by friends and family. Much of the focus in the area of refugee mental health is on the provision of formal mental health care services such as psychological counselling and psychiatric care (Summerfield 1999; Vasilevska 2010; Karachiwalla 2011). While the availability of formal mental health care is important as a retroactive response to severe mental illness, existing research (Summerfield 1999; Simich et al 2010; Vasilevska 2010; Karachiwalla 2011) demonstrates that informal supports provided by family and friends are often more appropriate resources for sustaining and nurturing positive coping with day to day stressors and anxieties. Likewise, my participants revealed their preference for family and friends over formal mental health care when dealing with stressors and anxieties.

The importance of religious activities and spirituality emerged as a significant generalized resistance resource which enhances refugees' resiliency. While religion is often criticized as socially divisive in contemporary secular societies such as Canada, it plays a vital role in sense of coherence and building community supports (Segall and Fries, 2016). Thus, placing priority on refugees' religious needs and supporting faith based community organizations may lead to positive mental health and well-being outcomes for refugees. The participant from Colombia and his family benefited from religious support (immigrating entire family from Colombia to Winnipeg and post-migration support in the form of income, food, shelter, and friendship) which has positively impacted their resettlement experiences. Hence, faith based organisations, especially religious organizations and their leaders are encouraged to continue

assisting refugees and ensuring the provision of all basic needs during the early stages of resettlement. Also, the participant from Lebanon expressed the warmth, care, and friendship from her religious community and how this helped her in coping with the loneliness and stress of resettlement. Faith based organisations can also provide supportive and trustworthy members especially immigrants from the same cultural backgrounds, to take a personal interest in helping newcomer refugees to integrate into the community. In other words, religious organisations can provide spiritual support through facilitation of church groups, incorporating good morals and values in refugees to help in their resettlement, organizing religious festivals and celebrations to create a sense of belongingness, and providing financial support.

Finally, this research identifies learning English as one of the key elements to facilitate positive resettlement among Winnipeg refugees. However, almost all participants' narratives of learning English were replete with stressors and uncertainties to become fluent and communicate effectively in Canadian society. Thus, it is essential to help refugees deal with the stress of learning English. Based on the experiences of participants who were coping well in learning English, refugees must be encouraged to develop enthusiasm for learning and see their situation as a collective endeavor rather than an individual problem. This can be achieved through organizing motivational forums and seminars by the ESL institutions to motivate refugees learning English understand challenges associated with learning a new language. Previous refugee students can also be invited to share their inspirational coping experiences and avenues that helped them to overcome the challenges of learning English.

5.3 Limitations and Suggestions for Research

In keeping with the salutogenic orientation of this study, the sampling frame was limited to refugees who are coping reasonably well with resettlement. For this reason, my findings

should not be generalized to refugees suffering from severe mental disorder and requiring formal mental health care. The eight participants in the current study did not access formal mental health care services.

Another limitation to this study is the use of only English speaking refugees. For this reason, non-English speaking refugees were not recruited to participate in the study. Also, some participants were not fluent in English and this posed challenges during the interview and transcription stages. For instance, participants with minimal amount of English encountered difficulties in answering the questionnaire on sense of coherence scale during the interview. There is likelihood that I did not obtain rich or thick descriptions from participants' narrations because of the language barrier (i.e. interviews were not conducted in participants' first languages to aid in easier descriptions and expressions of thought).

An additional issue worth considering has to do with generalisation of Winnipeg refugees' positive mental health and psychological well-being to other contexts. Since this research is qualitative in nature, it considers the individual cases of refugee experiences which can only be transferred (replicated) to other social contexts, but not for generalisation, as used in quantitative research (Riach 2009). Thus, the study's findings about how generalized resistance resources, which help refugees to Winnipeg manage daily life activities, anxieties, and stressors to promote positive mental health and psychological well-being are most generalizable to the social context of Canada, particularly Manitoba. However the general findings of the study might be transferable to other locales and refugee resettlement issues more broadly.

Qualitative researchers face numerous challenges in remaining reflexive and epistemologically vigilant during the research process. My experience was no different since I encountered challenges with collecting and analyzing data. For instance, I struggled to remain

reflexive during the interview with the participant from Liberia when she disclosed her multiple abortions and sexual promiscuity. I overcame this challenge by consciously reminding myself of how a reflexive sociological researcher must act in order to give the opportunity for participants to narrate their lived experiences. Hence, I created a welcoming atmosphere devoid of superior-subordinate relationship and strived to allow all participants to narrate their lived experiences while at the same time, I asked probing questions for clarification.

Again, during the data analysis stage, I had to cautiously analyse participants' narratives because of the persistent danger of bias. For instance, my admiration for participants from Lebanon and Colombia compelled me to analyse their narratives favorably through my descriptions and/or choice of words. However, the use of a reflexive sociological journal helped ensure that my personal and academic biases did not infiltrate participants' narratives. Also my research advisor periodically cautioned me by indicating areas that I failed to be reflexive during both the data collection and analysis stages.

5.4 Suggestions for Future Research

The research is a cross-sectional study and for this reason, the information pertains to a specific time period. Future research can be conducted using longitudinal designs, whereby information gathered can be compared within different time frames tracing refugees across their resettlement trajectories. Also, generalized resistance resources can be studied across time to determine the ones which have a stronger influence on sense of coherence in order to provide long term meaningful resettlement policies for refugees in Winnipeg.

An important discovery in the current research was that no participants accessed formal mental health care services even though they had knowledge about its existence. Future research can be conducted on refugees who access formal mental health care services to determine the

exact nature of barriers encountered by refugees in accessing formal mental health care services. This will help enact policies that favor both refugees who utilize formal mental health services and those who do not.

Finally, a limitation to the research was that non-English speaking refugees were not part of the sample population. This means that the study represented only a specific refugee population that speak English and the voices of non-English speaking refugees were not heard. Future studies should use translators to aid the conduct of the research and ensure representation of the entire refugee population. This is also important because refugees will be given the opportunities to express themselves properly in their native language which will ensure reflexivity in the research findings.

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Appendices

Appendix 1: Thematic Interview Schedule

▶ *Present ethics consent form, review ethics, and obtain signature.*

▶ *Present honorarium, obtain initialed payment form, and say thank you!*

▶ *Background Questionnaire*

▶ **Introduction:**

“I’m interested in hearing the story of how you came to Winnipeg and what life is like for you here in Winnipeg. We’re going to talk about a range of issues but first I’d like to learn about your history:”

▶ **Resettlement History (Pre-migration Experiences):**

- “I see from your background questionnaire that you were born in _____. Can you tell me the part of the story about what life was like in your country of origin and what made you move to Canada?”
- “Can you tell me the story of your journey to Winnipeg?”

▶ **Life in Canada/ Winnipeg (Post-migration Experiences):**

“Now, I’d like to hear about your life in Winnipeg?”

- “How would you describe your life here in Winnipeg?”
- “What about your life in Winnipeg makes you happy?”
- “What about your life in Winnipeg makes you sad?”
- “What are some of the challenges that you face here in Winnipeg?”

▶ **Sources of Support and Help:**

“Now, I’d like to find out the various means or resources that are helpful to you in adapting and coping with life’s challenges?”

- “Where do you go for help in dealing with life’s day to day challenges?”
- “Can you tell me if your family is a source of help for you?”
- “Do you have any friends that are a source of help for you?”
- “Is there anyone else that has been a source of support and help in your resettlement?”

▶ **Community Ties:**

- “How connected would you say you are to life in Winnipeg?”
- “Is there anything that makes you feel like you are part of the wider community here in Winnipeg?”
- “Is there anything that makes it hard for you to feel like you are part of the wider community here in Winnipeg?”
- “Are you a member of any community groups here in Winnipeg?”

► **Religious / Faith Commitments:**

“Now I’d like to talk about your religious or spiritual beliefs.”

- “Are you religious?” If so, “what does religion mean to you?”
- “Does your religion or faith play a part in how you deal with life’s day to day challenges?”

► **Use of Formal Mental Health Care Services:**

- “Have you used any mental health services such as psychological counselling, psychiatric treatment, or support groups, here in Winnipeg?” “If so, please tell me about this?”
- “How helpful have these mental health services been in helping you to cope with life’s challenges?”
- “Is there anything you would like to see changed about the mental health care services you receive?”

► **Sense of Coherence (comprehensibility; manageability; meaningfulness):**

- “What is most important to you in life?”
- “What is your biggest challenge in life and how do you try to deal with it?”

► **Political Activism:**

- “Do you follow the situation in your home country?”
- “Do you have any hopes for the future of your home country?”
- “Are you politically involved here in Canada?”

► **The Future: Hopes and Worries**

“Finally, I’d like to conclude by you telling me about how you see the future:”

- “Do you have any worries over your future?”
- “If everything worked out for the best, how would you describe your best imagined future?”
- “What are your future plans and how will you achieve these?”

► **Request for other participants**

► **Thank you!!!**



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Appendix II

Brief Background Questionnaire for Refugees Living in Winnipeg

This brief questionnaire asks for some background information that will help me interpret the comments you make during our interview. **I appreciate your time and effort in filling out this survey!!!**

Your participation in this survey is **optional** and you need not participate if you do not wish to do so. You are free to not answer any question you do not wish to answer. The individual questionnaires and results from this survey are **confidential**.

If you have any questions regarding this survey, please contact either myself or the Human Ethics Secretariat.

Background Information

1. Sex: M F
2. Year of Birth: _____
3. Occupation:

4. In what country were you born? _____
5. What is your ethnicity?

6. What language other than English do you speak?

7. What is your religion?

8. Approximate yearly income before taxes:

9. What is the highest level of education you have completed?

General Life Experience

Next is a series of questions relating to various aspects of people's lives. For each question please answer by circling a number between 1 and 7. Take your time to think about each question before answering.

1. In this first question 1 means very seldom or never and 7 means very often.

How often do you have the feeling that you don't really care about what goes on around you?

1.	2.	3.	4.	5.	6.	7.
Very Seldom						Very Often
or never						

2. In this question 1 that means it has never happened and 7 means it has always happened.

How often in the past were you surprised by the behaviour of people whom you thought you knew well?

1.	2.	3.	4.	5.	6.	7.
Never						Always
Happened						Happened

3. In this question 1 means that it has never happened and 7 means it has always happened.

How often have people you counted on disappointed you?

1.	2.	3.	4.	5.	6.	7.
Never						Always
Happened						Happened

Appendix III: Research Ethics Approval



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Research Ethics and Compliance

Office of the Vice-President (Research and International)

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APPROVAL CERTIFICATE

January 9, 2015

TO: Harriette M. Asaam (Advisor C. Fries)
Principal Investigator

FROM: Jacquie Vorauer, Chair
Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol #P2014:125
"Health and Wellbeing of Winnipeg Refugees"

Please be advised that your above-referenced protocol has received human ethics approval by the Psychology/Sociology Research Ethics Board, which is organized and operates according to the Tri-Council Policy Statement (2). It is the researcher's responsibility to comply with any copyright requirements. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

If you have funds pending human ethics approval, please mail/e-mail/fax {261-0325} a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: <http://umanitoba.ca/research/ors/mrt-faq.html#prO>)

if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba Ethics of Research Involving Humans.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.

umanitoba.ca/research